



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

SUPERVISOR OF ELECTIONS

JUN 10 2024

ST. JOHNS COUNTY

Name: GARY J. BROWNELL
(Print Name of Candidate)

Office Sought:

- ☐ Special District: _____
(Office and Seat #)
- ☒ Community Development District: MADEIRA SEAT # 4
(CDD Name and Seat #)

Campaign Account:

- ☒ **I AM NOT** going to open a campaign account during my candidacy.

I, GARY J. BROWNELL
(Print Name)

will not be opening a campaign account. However, I understand that, in the event I choose to do so at a later date, I am required to file the requisite forms for this office with the SOE before opening the account. I also understand that a Campaign Treasurer's Report(s) must be filed electronically via the SOE website according to the appropriate reporting schedule.

- ☐ **I AM** going to open a campaign account during my candidacy.

I, _____
(Print Name)

understand that, before opening a campaign account, I am required to file the requisite forms for this office with the SOE. I also understand that a Campaign Treasurer's Report(s) must be filed electronically via the SOE website according to the appropriate reporting schedule.

[Signature]
Candidate Signature

6/10/24
Date

25 PINTO RESCO DRIVE
Address

SAINT AUGUSTINE, FL 32095
City / State / Zip

917-748-3745
Phone Number

GJB6774@GMAIL.COM
E-Mail Address