



Acknowledgement of Candidate's Intention to Qualify

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

Name: MONIQUE MICHEL
(Print Name of Candidate)

Office Sought:

☐ Special District: _____
(Office and Seat #)

☒ Community Development District: RIVERS EDGE CDD #5
(CDD Name and Seat #)

ST JOHNS COUNTY
VICTOR
2024 JUN 12 PM 2:05
OFFICIAL SEAL

Campaign Account:

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

I, MONIQUE MICHEL
(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.

Monique Michel
Candidate Signature

6/12/24
Date

46 PINE BEACH DR
Address

ST JOHNS, FL 32259
City / State / Zip

901-581-0089
Phone Number

MoniqueMmichel@gmail.com
E-Mail Address