STATE OF FL	LOROF	
	Acknowledgement of	Source intention to Oticility
COL NISOR OF E	Acknowledgement of	Candidate's Intention to Qualify
VOFST	WITH (OR WITHOUT) OP	
	(Special Districts, Con	nmunity Development Districts)
Name:	(Print Name of Candidate)	nmunity Development Districts)
Office	e Sought:	
	Spacial District AUASTASLA	+ MORANTO ONTRA DISTRICT SCATA
<i>µ</i>		(Office and Seat #)
	Community Development District:	
		(CDD Name and Seat #)
Camp	paign Account:	
	I AM NOT going to open a campaign account	during my candidacy.
	I. ED SLAVL	······································
	date, I am required to file the requisite forms for	vever, I understand that, in the event I choose to do so at a later for this office with the SOE before opening the account. I also ort(s) must be filed electronically via the SOE website according
	I AM going to open a campaign account during	g my candidacy.
	I,	
	(Print Name)	
(account, I am required to file the requisite forms for this office aign Treasurer's Report(s) must be filed electronically via the porting schedule.
\mathcal{C}	MAN	6/14/2024
Candio	date Signature	Date
	-	
Addres	SS	City / State / Žip
		EAS LAVING adl. com
Phone	Number	E-Mail Address