

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

**RECEIVED**  
APR 21 2022  
BY: M Kindel Clerk

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)      **3. Address** (include post office box or street, city, state, zip code)

Eula R. Clarke

1008 E. 16<sup>th</sup> Court  
STUART, FL 34996

**4. Telephone**      **5. E-mail address**  
(772) 263-3886      eulaclarkeLaw@yahoo.com

**6. Office sought** (include district, circuit, group number)      **7. If a candidate for a nonpartisan office, check if applicable:**  
Commission Group V       My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a  
 Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**     Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**  
Barbara E. Osborn

**11. Mailing Address**      **12. Telephone**  
401 NW North River Drive      (772) 214-9768

**13. City**      **14. County**      **15. State**      **16. Zip Code**      **17. E-mail address**  
Stuart      Martin      FL      34994      beo1954@gmail.com

**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

**19. Name of Bank**      **20. Address**  
Seacoast Bank      815 South Colorado Avenue

**21. City**      **22. County**      **23. State**      **24. Zip Code**  
Stuart      Martin      Florida      34996

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**      **26. Signature of Candidate**  
April 21, 2022       Eula R. Clarke

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, Barbara E. Osborn, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.  
4/21/2022       Barbara Osborn  
Date      Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**RECEIVED**  
APR 08 2022  
BY: M. Kindee Clerk

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)      3. Address (include post office box or street, city, state, zip code)

EULA R. CLARKE

1008 E. 16th COURT  
STUART, FL 34996

4. Telephone      5. E-mail address  
(772) 263-3886      cubac Clarke law @ yahoo.com

6. Office sought (include district, circuit, group number)      7. If a candidate for a nonpartisan office, check if applicable:  
Commissioner Group V       My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a  
 Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer  
EULA R. CLARKE

11. Mailing Address      12. Telephone  
1008 E. 16th COURT, STUART FL 34996      (772) 263-3886

13. City      14. County      15. State      16. Zip Code      17. E-mail address  
STUART      MARTIN      FL      34996      eula.clarke.law@yahoo.com

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank      20. Address  
SEACOAST      815 South COLORADO AVENUE

21. City      22. County      23. State      24. Zip Code  
STUART      MARTIN      FLORIDA      34996

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

25. Date      26. Signature of Candidate  
April 8<sup>th</sup>, 2022       Eula R. Clarke

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, EULA R. CLARKE, do hereby accept the appointment  
(Please Print or Type Name)

Designated above as:  Campaign Treasurer     Deputy Treasurer.  
4-8-2022       Eula R. Clarke  
Date      Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)  
(Please print or type)

OFFICE USE ONLY

**RECEIVED**  
APR 08 2022  
BY: *m Kindel Clerk*

I,   EULA R. CLARKE  ,

candidate for the office of   STUART COMMISSIONER GROUP  

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

*Eula R. Clarke*

Signature of Candidate

  4-8-2022  

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).





**CITY OF STUART 2022 ELECTION CANDIDATE  
OATH OF RESIDENCY**


STATE OF FLORIDA  
COUNTY OF MARTIN

Before me this day personally appeared EWLA R CLARKE  
who being duly sworn, affirms that he/she has maintained a continuous residency within the  
City of Stuart for more that twelve (12) months preceding the election. (Sec 7.03.) Qualifying.

  
Signature of Candidate

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online  
notarization, this 05 day of April, 2022 by EWLA R CLARKE

Personally Known OR Produced Identification  
Type of Identification Produced \_\_\_\_\_

Signature of Notary Public:   
Commission Expires: 11/16/24

Notary Seal: 

**RECEIVED**  
APR 08 2022  
BY: M. Kindel Clerk

**NOTICE TO CANDIDATE:**  
**LOGIC AND ACCURACY TESTING OF VOTING**  
**EQUIPMENT**  
**DATES & TIMES**

I, EULAR CLARKE, Candidate for the Stuart City Commission hereby  
(Print Name)

acknowledge that:

- I am an official Candidate for the Stuart City Commission, Group V.
- I have received a copy of the official Candidate Calendar for the Notice of Logic and Accuracy Testing of Voting Equipment" listing the dates, times and location of the testing of the voting equipment, for the City of Stuart General Election and if necessary, the dates, times and location of the testing of the voting equipment for a Run-Off Election. F.S. 101.5612(2)

SIGNATURE: Eular Clarke DATE: 4-8-2022

**RECEIVED**  
APR 08 2022  
BY: M. Kindel Clerk

**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2021**

Please print or type your name, mailing address, agency name, and position below:

**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

CLARKE, EULA R.

MAILING ADDRESS :

1008 E. 16<sup>th</sup> COURT

STUART

ZIP :

COUNTY :

34996 MARTIN

NAME OF AGENCY :

CITY OF STUART

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER Group V

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**RECEIVED**  
JUN 13 2022

BY: *M. Kinard Clerk*

**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
CITY OF STUART	121 SW Flagler Avenue	CITY ADMINISTRATION
LAW OFFICES OF EULA R. CLARKE, PA	615 SW ST. LUCIE CRESCENT STUART FL 34994	LEGAL SERVICES

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
LAW OFFICE OF EULA R. CLARKE, PA	FEES FOR LEGAL SERVICES FROM CLIENTS	VARIABLES - PAYMENTS TO LAW OFFICE OF EULA R. CLARKE, PA	LAW OFFICE / LEGAL SERVICES

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

Residence located @ 1008 E. 16<sup>th</sup> COURT,  
STUART, FL 34996

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	N/A

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Seacoast Bank	500 Colorado Avenue, Stuart, FL 34974

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	R. CLARKE PA. 615 SW St. Luke Crescent STUART FL 34996	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY	Legal Representation	
POSITION HELD WITH ENTITY	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	
NATURE OF MY OWNERSHIP INTEREST	Sole Owner	

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:

*Eula R. Clarke*

Date Signed:

June 13, 2022

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

RECEIVED  
JUN 13 2022  
BY: MK