

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

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

(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)

EULA R. CLARKE

3. Address (include post office box or street, city, state, zip code)

1008 E. 16th COURT
STUART, FL 34996

4. Telephone

(772) 263-3886

5. E-mail address

eulacarlawa@yahoo.com

6. Office sought (include district, circuit, group number)

COMMISSIONER, Group V

7. If a candidate for a nonpartisan office, check if applicable:

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

1008 E-16th COURT

12. Telephone

(772) 263-3886

13. City

STUART

14. County

MARTIN

15. State

FL

16. Zip Code

34996

17. E-mail address

eulacarlawa@yahoo.com

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

19. Name of Bank

Seacoast Bank

20. Address

815 S. Colorado Avenue

21. City

STUART

22. County

Martin

23. State

Florida

24. Zip Code

34994

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

4-13-2020

26. Signature of Candidate

X Eula Clarke

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Eula R. Clarke **EULA R. CLARKE**, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

4-13-2020

Date

X Eula Clarke

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, EULA R. CLARKE,

candidate for the office of COMMISSIONER, Group V;

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

X

Eula R. Clarke
Signature of Candidate

4-13-2020
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 2020 ELECTION CANDIDATE
OATH OF RESIDENCY**

STATE OF FLORIDA
COUNTY OF MARTIN

Before me this day personally appeared EULA R. CLARKE
who being duly sworn, deposes and says 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 13th day of April, 2020 by EULA R. CLARKE

Personally Known OR Produced Identification
Type of Identification Produced FDL

Signature of Notary Public: 
Commission Expires: _____

Notary Seal:



MARGARET A. BROMFIELD
Commission # GG 957812
Expires February 12, 2024
Bonded Thru Budget Notary Services

RECEIVED
APR 14 2020
BY: MKC

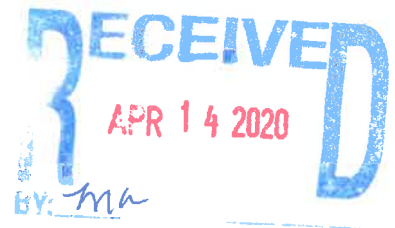
NOTICE TO CANDIDATE:
LOGIC AND ACCURACY TESTING OF VOTING
EQUIPMENT
DATES & TIMES

I, EULA R. CLARKE Candidate for the Stuart City Commission hereby
(Print Name)

acknowledge that:

- I am an official Candidate for the Stuart City Commission, Group ✓.
- 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: Eula R. Clarke DATE: 4-13-2020



**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate



OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, EULA R. CLARKE

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of COMMISSIONER Group V
(Office) (District #)

Group V; I am a qualified elector of STUART, MARTIN County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 105807467

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

EULA R. CLARKE

X Eula R. Clarke 1772 263-3886
Signature of Candidate Telephone Number Email Address

1000 E-16th Court Stuart FL 34996
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF MARTIN

M. Bromfield
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 13th
day of April, 2020

Personally Known: _____ or Produced Identification: _____

Type of Identification Produced: PDL



MARGARET A. BROMFIELD
Commission # GG 957812
Expires February 12, 2024
Bonded Thru Budget Notary Services

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 ROSE

MAILING ADDRESS :

1008 E. 16th COURT

CITY : ZIP : COUNTY :

STUART FL 34996 MARTIN CITY OF STUART

NAME OF AGENCY:

COMMISSIONER

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE



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

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

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 Ave Stuart FL	CITY COMMISSIONER
LAW OFFICE A. ENLARCHE	615 SW ST. LOUIS CRESCENT STUART FL 34994	ATTORNEY - Solo Practice

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
N/A	N/A	N/A	N/A

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

HOME - 1008 E. 16th 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
<i>n/a</i>	<i>n/a</i>

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
<i>Seacoast Bank</i>	<i>915 S. Colorado Ave Stuart FL 34994</i>

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
	<i>LAW OFFICE OF EWA RICHIE PA</i>	
ADDRESS OF BUSINESS ENTITY	<i>615 SW 9th Ln Unit 600 Stuart FL 34996</i>	
PRINCIPAL BUSINESS ACTIVITY	<i>LAW OFFICE</i>	
POSITION HELD WITH ENTITY	<i>PRESIDENT / OWNER</i>	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<i>yes</i>	
NATURE OF MY OWNERSHIP INTEREST	<i>OWNER - 100%</i>	

PART G — TRAINING

For elected municipal officers 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:

Ewa Richie

Date Signed:

4-13-2020

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, 2019.