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.

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officer before opening the campaign account.	OFFICE USE ONLY
CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: True	easurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last) Elizabeth (Beth) Ellen Clark 4. Telephone 5. E-mail address (904) 264, 4499 Jelarke bellswith net 6. Office sought (include district, circuit, group number) School Board District 3 8. If a candidate for a partisan office, check block and fill	3. Address (include post office box or street, city, state, zip code) 2207 Holly Lat Law Orage Park +1 32073 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate.
Write-In No Party Affiliation	Party candidate.
9. I have appointed the following person to act as my	
11. Mailing Address HOZZ MORESBURG CT. 13. City 14. County 15. Sta JACKSONUINE DUVAL FI	12. Telephone 904) 742-8607
18. I have designated the following bank as my	
19. Name of Bank Vy5 tw C.U. 21. City Green Care Spr Class	20. Address (a) N. Gregi Pk 23. State 24. Zip Code
Green Care Spr Class	Fl 32043
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 Merch 27 23	26. Signature of Candidate
Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, AMONA S. ROOD, , do hereby accept the appointment (Please Print or Type Name)	
designated above as: Campaign Treasurer. Deputy Treasurer.	
Date X Amom Signature of Campaign Treasurer or Deputy Traceurer	