

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

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

(PLEASE PRINT OR TYPE)

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NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Sharon Elvira Flowers

3. Address (include PO Box or Street, City, State, Zip Code):
3877 Eagle Rock Rd.
Middleburg, FL 32068

4. Telephone:

(910) 916-6838

5. Candidate's Voter Registration #:

122711096

(not required for qualifying purposes)

6. Email Address:

seflowers@icloud.com

7. Office Sought (include district, circuit, group, or seat #):
Clay County School Board, District 2

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:
Bobby Poole

12. Telephone:

(203) 788-2487

13. Email Address:

bpoole1919@gmail.com

14. Mailing Address:
4185 Eagle Landing Pky

15. City:
Orange Park

16. State:
Florida

17. Zip Code:
32065

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:
Bank of America

20. Address:
8300 Merchants Way

21. City:
Jacksonville

22. County:
Duval

23. State:
Florida

24. Zip Code:
32222

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

25. Date: May 4, 2024

26. Signature of Candidate:

X Sharon Elvira Flowers

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

I, BOBBY J. POOLE

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date: 5/04/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X Bobby J. Poole