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2015 MAY 11 AM 11:26

CITY OF KEY WEST
KEY WEST, FLORIDA

Candidate Information

Name: Mona C. Clark

Mailing Address: 809 Elizabeth St.

Home Phone: (305) 294-6949 Business Phone: 295-1000

Cell Phone: (305) 304-8665 Email Address: monacarlisac Clark@
bellsouth.net

Office: Utility Board District/Group 4

Treasurer's Name: Mona C. Clark

Treasurer's Phone: (305) 294-6949 Email Address: same as above

**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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KEY WEST, FLORIDA

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)

Mona Carlisa Clark

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

809 Elizabeth St.
Key West, FL 33040

4. Telephone

(305) 294-6949

5. E-mail address

monacarlisaclark@
bellsouth.net

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

Utility Board Member / Group 4

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

Mona Carlisa Clark

11. Mailing Address

same as above

12. Telephone

()

13. City

14. County

15. State

16. Zip Code

17. E-mail address

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

19. Name of Bank

First State Bank of the FL Keys

20. Address

21. City

Key West

22. County

Monroe

23. State

FL

24. Zip Code

33040

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

5/11/2015

26. Signature of Candidate

X *Mona C. Clark*

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

I, Mona C. Clark, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/11/2015

Date

X

Mona C. Clark
Signature of Campaign Treasurer or Deputy Treasurer



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Acknowledgement – Statement of Candidate DS DE 84

I have received a book of Florida Statute Chapter 106 and a Statement of Candidate, which I must file with the qualifying officer within 10 days of filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

Mona C. Clark

Candidate's Signature

5/11/15

Date

Mona C. Clark

Candidate's Name Printed

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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CITY OF KEY WEST
KEY WEST, FLORIDA

I, Mona C. Clark,

candidate for the office of Utility Board;

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

X

Mona C. Clark

Signature of Candidate

5/11/15

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).



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CITY OF KEY WEST
KEY WEST, FLORIDA

CERTIFICATE OF CANDIDACY

(Utility Board Members Only)

City Clerk
City of Key West
County of Monroe
State of Florida

Dear Madam City Clerk:

This is to certify that the undersigned desires to have his/her name placed on the ballot as a candidate for member of the "Utility Board of the City of Key West, Florida" in Group No. 4 in the General Municipal Election to be held Tuesday, October 6, 2015.

In the event that I do not receive a majority vote in the General Municipal Election, but receive the highest or second highest vote, it is requested that my name then be placed on the ballot for the Run-Off Municipal Election to be held on November 3, 2015.

It is understood that if I should withdraw my request to have my name placed on the ballot, after having filed this certificate, I will not be entitled to a refund of the qualifying fee, provided for by law and paid by me.

I hereby agree that in the event, I am elected to this office, I will serve in that capacity.

My address is 809 Elizabeth St.

My occupation is Retired MCSO / Part Sales Associate

Dated at Key West, Florida this 11th day of May, 2015.

Mona C. Clark
Signature (Same as on Registration Books)

Sworn to and subscribed before me on this 11 day of May, 2015.

Angela Budde
Notary Public

(Seal)

My Commission Expires





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KEY WEST, FLORIDA

CHERYL SMITH
City Clerk
Chief Elections Administrator

Acknowledgement of Logic & Accuracy Test

My signature below acknowledges receipt of notification of the Logic & Accuracy Test for the 2015 citywide elections.

I understand that testing will take place at the Supervisor of Elections office, 530 Whitehead Street, Key West, Florida.

Elections

General Election October 6, 2015

Run-off Election November 3, 2015
(if necessary)

Logic & Accuracy Tests

September 16, 2015 at 10:00 a.m.

October 16, 2015 at 10:00 a.m.

Mona C. Clark
Candidate's Signature

5/11/15
Date

Mona C. Clark
Candidate's Name Printed

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CITY OF KEY WEST
KEY WEST, FLORIDA



CHERYL SMITH
City Clerk
Chief Elections Administrator

Acknowledgement – Poll Watcher Information

I have received written notice of F.S. 101.131 - Watchers at Polls.

Mona C. Clark

Candidate's Signature

5/11/15

Date

Mona C. Clark

Candidate's Name Printed



RECEIVED
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CITY OF KEY WEST
KEY WEST, FLORIDA

CHERYL SMITH
City Clerk
Chief Elections Administrator

Acknowledgement – Removal of Political Advertisement
Florida Statue 106.1435

I have received written notice of F.S. 106.1435 – Usage and removal of political campaign advertisement.

Mona C. Clark
Candidate's Signature

5/11/15
Date

Mona C. Clark
Candidate's Name Printed

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AFFIDAVIT OF UNDUE BURDEN
(Section 99.097(4), Florida Statutes)

MAY 11 AM 11:29

CITY OF KEY WEST
KEY WEST, FLORIDA

IMPORTANT: (1) Paying signature gatherers will preclude or invalidate the filing of an undue burden oath. Section 99.097(6), Florida Statutes, provides: (a) If any person is paid to solicit signatures on a petition, an undue burden oath may not subsequently be filed in lieu of paying the fee to have signatures verified for that petition. (b) If an undue burden oath has been filed and payment is subsequently made to any person to solicit signatures on a petition, the undue burden oath is no longer valid and a fee for all signatures previously submitted to the supervisor of elections and any submitted thereafter shall be paid by the candidate, person, or organization that submitted the undue burden oath. If contributions as defined in s. 106.011 are received, any monetary contributions must first be used to reimburse the supervisor of elections for any signature verification fees that were not paid because of the filing of the undue burden oath. [Note: The second sentence in (b) applies only when payment is made to a signature gatherer after an undue burden oath had been filed.]
(2) Upon a candidate terminating the campaign, any candidate who qualified by the petition process and who has surplus funds, must first apply the surplus funds to the reimbursement of the signature verification fee (if applicable) and thereafter to the election assessment. See s. 106.141(6), Florida Statutes.

I certify under oath that I intend to qualify as a candidate for the office of
Mona C. Clark and that I am
unable to pay the fee for verification of petition signatures for that office
without imposing an undue burden on my personal resources or on
resources otherwise available to me.

X

Mona C. Clark

Mona C. Clark

Signature of Candidate

Print Candidate's Name

809 Elizabeth St.

Key West

Address

City

FL

33040

(305) 294-6949

State

Zip

Telephone Number

State of Florida

County of Monroe

Sworn to (or affirmed) and subscribed before me this 11 day of May, 2015
by MONA CLARK

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced: _____

Angela Budde

Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of
Notary

