CITIZEN APPLICATION FORM FOR BOARDS/COMMISSIONS/COMMITTEES Page 1 of 2 Date

NAME OF BOARD/COMMISSION/COM	MITTEE YOU A	RE APPLYING FOR:	
NAME AND ADDRESS		DISTRICT	
[Name] Samuel J. Kilgore [Street Address] 4210 Begonia Ct [City, ST ZIP Code] Middleburg, FL 32068		[District] 4 [Number of Years Resided] 26 years	
PHONE AND EMAIL		EMPLOYER	
[Phone] 904-228-6995 [Email] Samuely Kilgore a bellsouth net		[Name] [Phone] [Position] [Number of Years]	
VOTER INFORMATION COMMITTEE INFO		SUMMARY OF WORK EXPERIENCE	
Registered Voter What Committee Are You Applying For? Middle wie Clay Hill Alvoory Committee		34 years at York International Johnson Controls	
	EDUC	ATION	
SCHOOLS	YEARS	DEGREE	
May town High School	H	graduated 1965	
May town High School Local 725 Apprenticeship School	4	Certified Jamey man	
VOLUNTEER, CIV	/IC, PROFES	SIONAL & OTHER ACTIVITIES	
Please list any volunteer service organizations, clubs, o		ieties that you are member of or titles you may have held. Please include advisory boards.	
ORGANIZATION/COMMITEE	YEARS	POSITION	
Education First	4 months	Board member	
Knights of Columbus	35 years		
Waste Not Want Not	3 years	Driver	
	REASONS F	OR SERVING	
		u have, which would assist you in the duties of the board/committee.	
[Description] Manager - North Ac	inda @ T	Johnson Controls York International	
		ley County government especially r living here for 26 years i retired, thus position.	
	MISCELI	LANEOUS	
	e you engaged in	the management of any business enterprise that has a financial interest in the enterprise, the nature of the business, and the position you hold.	

	MISCELLANEOUS Continued	
	ny federal, state, county or municipal law, reg is of \$100 or less that were imposed, unless it	ulation or ordinance? If so, give details. Do not include t also included a jail sentence.
[Explanation]		
	REFERENCES	
	at least three persons who are qualified to commade by Clay County Board of County Comm	omment on your qualifications and of whom inquiry may nissioners.
NAME	ADDRESS	TELEPHONE
Scotty Toylor		904-282-2369
Michelle Cook		904-497-2445
Bets Condon		
ADI	DITIONAL INFORMATION AND C	OMMENTS
[Comments]		

By submitting this form, I declare the foregoing facts to be true, correct and complete.

Signature Signature

Date