

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

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

(PLEASE PRINT OR TYPE)

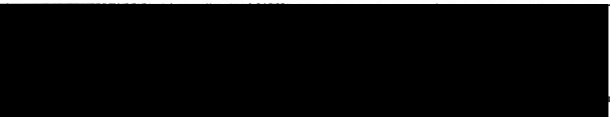
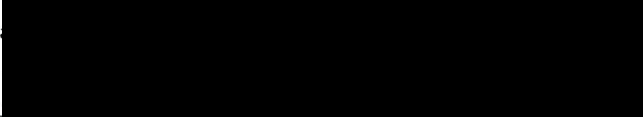
RECEIVED

JUN 17 2022

**GADSDEN COUNTY
SUPERVISOR OF ELECTIONS**

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): <input checked="" type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party						
2. Name of Candidate (in this order: First, Middle, Last) Sterling Lance Watson Jr.			3. Address (include post office box or street, city, state, zip code) PO Box 796 Quincy, FL 32353			
4. Telephone (850) 524 1897		5. E-mail address lwatson17095@gmail.com				
6. Office sought (include district, circuit, group number) Soil & Water Board District 4			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.			
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-In <input checked="" type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.						
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer						
10. Name of Treasurer or Deputy Treasurer Karen Watson						
11. Mailing Address PO Box 796					12. Telephone (850) 524 7358	
13. City Quincy		14. County Gadsden	15. State FL	16. Zip Code 32353	17. E-mail address Karen.Watson@tds.net	
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository						
19. Name of Bank Capital City Bank			20. Address 4 E. Washington St.			
21. City Quincy		22. County Gadsden		23. State FL	24. Zip Code 32351	
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 06/17/2022			26. Signature 			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)						
I, <u>Karen Watson</u> , do hereby accept the appointment (Please Print or Type Name)						
designated above as: <input checked="" type="checkbox"/> Campaign Tre. 						
Date 06/17/22			Signature of Campaign Treasurer or Deputy Treasurer			

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS

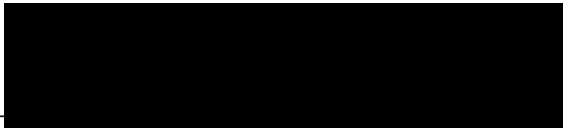
I, Sterling Lance Watson Jr.,

candidate for the office of Gadsden County Soil & Water District 4;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

06/17/2022

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).

Statement of Candidate for Supervisor of Soil and Water Conservation District

STATE OF FLORIDA

RECEIVED

COUNTY OF Gadsden

JUN 17 2022

GADSDEN COUNTY
SUPERVISOR OF ELECTIONS

I, Sterling Lance Watson Jr., a candidate for Supervisor of Soil and Water Conservation District, meet the qualifications pursuant to section 582.19(1), Florida Statutes, to serve on the governing body of the Soil and Water Conservation District.

- I am an eligible voter who resides in the district, and (select at least one of the following):
- I am actively engaged in, or retired after 10 years of being engaged in, agriculture as defined in s. 570.02 Florida Statutes
- I am employed by an agricultural producer
- I own, lease, or am actively employed on land classified as agriculture under s. 193.461 Florida Statutes



Signature of Candidate

Address Line 1: PO Box 796

Address Line 2:

City: Quincy

State: FL Florida

Zip Code: 32353

Sworn to and subscribed before me this 17 day of JUNE 2022

at B&K Auto Tags

PA
Florida

State of Florida PA
County of BUCKS

Sworn to (or affirmed) and subscribed before me by means of physical presence.
Type of ID provided: Florida Driver License



Signature of Notary Public

Commonwealth of Pennsylvania

NOTARIAL SEAL
JOHN SILBERT, NOTARY PUBLIC
MONTGOMERY COUNTY
MY COMMISSION EXPIRES JUNE 28, 2025
COMMISSION NUMBER 1389148

**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

RECEIVED

JUN 17 2022

**GADSDEN COUNTY
SUPERVISOR OF ELECTIONS**

OFFICE USE ONLY

Candidate Oath

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

I, Sterling Lance Watson Jr.

(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 Gadsden County Soil Water, 9
(Office) (District #)

 , ; I am a qualified elector of Gadsden 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): 117833901

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.]

[Redacted] (950) 529 1897 Watson170985@gmail.com
Telephone Number Email Address
PO Box 796 Quincy FL 32353
Address City State ZIP Code

STATE OF ~~FLORIDA~~ ^{PA}
COUNTY OF BUCKS

[Redacted Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 17 day of JUNE, 2022.

Personally Known OR Produced Identification

Type of Identification Produced: Florida Driver License

Commonwealth of Pennsylvania

NOTARIAL SEAL
JOHN SILBERT, NOTARY PUBLIC
MONTGOMERY COUNTY
MY COMMISSION EXPIRES JUNE 28, 2025
COMMISSION NUMBER 1389148

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2021

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Watson, Sterling Lance

MAILING ADDRESS :

PO Box 796

CITY :

Quincy

ZIP :

32353

COUNTY :

Gadsden

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Gadsden County Soil & Water District 4

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

RECEIVED

JUN 17 2022

**GADSDEN COUNTY
SUPERVISOR OF ELECTIONS**

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

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

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
Reed & Company	14801 Zuber Road Alexander, AK 72002	consulting

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
NA	NA	NA	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")

NA

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

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
NA	NA

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NA	NA

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	2
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY	NA	NA
POSITION HELD WITH ENTITY	NA	NA
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 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:

[Redacted Signature]

Date Signed:

06/17/2022

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 CEFrm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one

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, 2021.