

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

2022 JUN 14 PM1:47

OFFICE USE ONLY

**Candidate Oath**

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

I, KERRY SMITH  
(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.)

am a candidate for the office of COUNTY COMMISSIONER, 2,  
(Office) (District #) (Circuit #)  
; my legal residence is SANTA ROSA County, Florida; I am a qualified elector  
(Group or Seat #)

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.

**Statement of Party**

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

I am a member of the Republican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): 113586133

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):

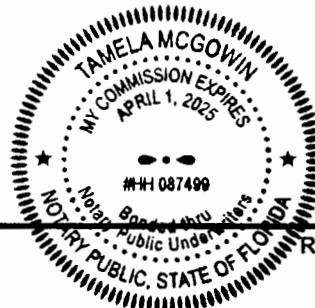
X Kerry A. Smith 1850 982-3287 KerrySmith@reagan.com  
Signature of Candidate Telephone Number Email Address  
8129 VIRGINIA LN. M. Hone FL 32583  
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Santa Rosa

Tamela R McGowin  
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 14th day of June, 2022  
Personally Known ☒ OR Produced Identification ☐  
Type of Identification Produced: \_\_\_\_\_



**FORM 6****FULL AND PUBLIC DISCLOSURE  
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:

SMITH KERRY ALAN

MAILING ADDRESS:

8129 VIRGINIA LANE

2022 JUN 14 PM 1:47

CITY :  
MILTONZIP :  
FLCOUNTY :  
32583

NAME OF AGENCY :

BOARD OF COUNTY COMMISSIONERS

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COUNTY COMMISSIONER - DISTRICT 2

CHECK IF THIS IS A FILING BY A CANDIDATE ☒**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]My net worth as of DECEMBER 31, 20 21 was \$ 611,000.**PART B -- ASSETS****HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 110,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED SCHEDULE	\$773,000

**PART C -- LIABILITIES****LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PRIMARY RESIDENCE	\$ 250,000
LOT ADJACENT TO RESIDENCE	\$ 10,000
2017 CHEVROLET TRUCK	\$ 12,000

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>N/A</i>	

## PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2021 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.



I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

### PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
KERRY ALAN SMITH LLC	8129 VIRGINIA LANE, PENSACOLA, FL 32583	\$48,500
TTI, INC.	2441 NORTHEAST PKWY, FORT WORTH, TX 76106	\$66,848

### SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>None</i>			

## PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	KERRY ALAN SMITH LLC	SMITH/SMITH PROP LLC	
ADDRESS OF BUSINESS ENTITY	SAME AS ABOVE	SAME AS ABOVE	
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE SALES	RENTAL PROP MGMT	
POSITION HELD WITH ENTITY	LLC MANAGER	LLC MANAGER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	
NATURE OF MY OWNERSHIP INTEREST	100%	50%	

## PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]



**I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

## OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
COUNTY OF Santa Rosa

Sworn to (or affirmed) and subscribed before me by means of  
☒ physical presence or ☐ online notarization, this 14th day of

June, 2022 by Kerry Smith  
Tamela R. McGowin  
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

[Signature]  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, or she must complete the following statement:

I, STANLEY SALS, prepared the CE Form 6 in accordance with Art. II, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the information herein is true and correct.

Stanley Sals, CPA  
Signature

6/14/2022  
Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE** ☒

KERRY ALAN SMITH  
FORM 6  
PART B - ASSETS - SCHEDULE

REAL ESTATE - PRIMARY RESIDENCE	\$ 550,000.00
REAL ESTATE - LOT ADJACENT TO RESIDENCE	\$ 40,000.00
2017 FISHING BOAT & EQUIPMENT	\$ 80,000.00
2020 RV	\$ 18,000.00
2017 CHEVROLET TRUCK	\$ 35,000.00
IRA - NEW YORK LIFE	\$ 15,000.00
CHECKING & SAVINGS	\$ 35,000.00
	<u>\$ 773,000.00</u>