

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

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2023 SEP 29 AM 9:49

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

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)

Michael Shawn Kemp

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

14 Blackberry Lane
Crawfordville, FL 32327

4. Telephone

(850) 545 1933

5. E-mail address

mkemp@wakulla.com

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

County Commissioner #3

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 ☒ Republican Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Christina Marie Bertera

11. Mailing Address

74 Avondale Drive

12. Telephone

(850) 212-3992

13. City

Crawfordville

14. County

Wakulla

15. State

FL

16. Zip Code

32327

17. E-mail address

Christy.Bertera@gmail.com

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

19. Name of Bank

Prime Meridian Bank

20. Address

2201 Crawfordville Hwy

21. City

Crawfordville

22. County

Wakulla

23. State

FL

24. Zip Code

32327

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

9/29/23

26. Signature of Candidate

X Michael Kemp

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

I, Christina Bertera, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

9/28/23

Date

X

Christina Bertera

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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2023 SEP 29 AM 9:49

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

I, Mike Kemp,

candidate for the office of County Commissioner #3;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Mike Kemp

Signature of Candidate

9/29/23

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).

**CANDIDATE OATH -
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- ☒ Candidate with party affiliation
☐ Candidate with no party affiliation
☐ Write-in candidate

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2024 JUN 10 PM 1:33

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

OFFICE USE ONLY

Candidate Oath

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

I, Mike Kemp

(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 office of Wakulla County Commissioner, 3, ,
(Office) (District #) (Circuit #)
; I am a qualified elector of Wakulla County, Florida; I am qualified
(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)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the Republican Party; I have not been a registered member of any other political party 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, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 108817315

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.]

X

Signature of Candidate

Telephone Number

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Wakulla

Signature of Notary Public

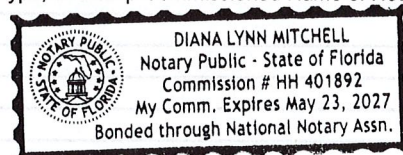
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this _____

day of 10 June, 2024.

Personally Known: ☒ or Produced Identification: _____

Type of Identification Produced: _____



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

RECEIVED

2024 JUN 10 PM 1:33

SUPERVISOR OF ELECTIONS
WAKULLA COUNTY FLORIDA

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Mike Kemp

Check box if two last names without hyphen. ☐

(Name cannot be changed after qualifying.)

Check box if name includes nickname. ☒

(For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of

Wakulla County Commissioner

(Office)

(District #)

3; I am a qualified elector of _____ County, Florida;
(Circuit #) (Group or Seat #)

I am a qualified elector 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

I swear or affirm that 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____

NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Mike Kemp
Signature of Candidate

(850) 545 1933
Telephone Number

mike.kemp@mywakulla.com
Email Address

14 Blackberry Ln.
Address of Legal Residence

Crawfordville FL
City State

32327
ZIP Code

STATE OF FLORIDA

COUNTY OF Wakulla

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒

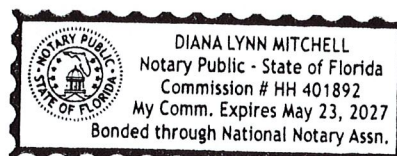
this 10 day of June, 2024

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: _____

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is Michael Shaun Kemp. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Mike Kemp (Mike Kemp). I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: Mike Kemp

STATE OF FLORIDA

COUNTY OF Walton

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

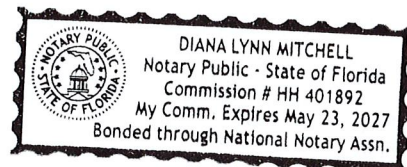
Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☒

this 10 day of June, 2024

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____



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2024 Filed With R/COE: 06/03/2024

General Information

Name: Mr Michael Shawn Kemp
Address: 14 Blackberry Ln, Crawfordville, FL 32327
County: Wakulla

PID 288239

AGENCY INFORMATION

Organization	Suborganization	Title
Wakulla County	Elected Constitutional Officer	County Commissioner

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	Wakulla County	County Commissioner District 3

Net WorthMy Net Worth as of June 3, 2024 was \$ 465,147.00.

Assets

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 effect is \$ 465,147.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
14 Blackberry Lane	\$ 400,000.00
2019 Chevy Truck	\$ 38,000.00
2010 Harley	\$ 15,000.00
FSU Credit Union Checking	\$ 2,708.00
Prime Meridian Checking	\$ 9,439.07

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
PNC Bank	1 PNC Plaza 249 5th Pittsburgh PA 15222	\$ 210,000.00
Florida Commerce Credit Union	PO Box 6216 Tallahassee FL 32314	\$ 48,000.00
FSU Credit Union	PO Box 182499 Tallahassee FL 32318	\$ 25,489.00
Gulf Winds Credit Union	11 Preston Circle Crawfordville FL 32327	\$ 9,200.00
Gulf Winds Credit Union	11 Preston Circle Crawfordville FL 32327	\$ 21,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Florida Retirement System	PO Box 9000 Tallahassee FL 32315	\$ 68,000.00
NWF Health Network	69 High Drive Crawfordville FL 32327	\$ 78,500.00
Wakulla County BOCC	3093 Crawfordville Hwy Crawfordville FL 32327	\$ 42,300.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Michael Shawn Kemp

Digitally signed: 06/03/2024

Filed with COE: 06/03/2024