

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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WAKULLA COUNTY FLORIDA

OFFICE OF ELECTIONS  
WAKULLA COUNTY FLORIDA

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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)

Scott Matthew Payne Jr.

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

24 Mathers Farm Road  
Crawfordville, Florida 32327

4. Telephone

(950) 264-7724

5. E-mail address

Payne for Wakulla Schools@gmail.com

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

Superintendent of Schools

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

Scott Matthew Payne Jr.

11. Mailing Address

24 Mathers Farm Road

12. Telephone

(950) 264-7724

13. City

Crawfordville

14. County

Wakulla

15. State

FL

16. Zip Code

32327

17. E-mail address

Mattpayne198@gmail.com

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

19. Name of Bank

Ameris Bank

20. Address

2628 Crawfordville Highway

21. City

Crawfordville

22. County

Wakulla

23. State

Florida

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

20<sup>th</sup> November 2023

26. Signature of Candidate

X 

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

I, Scott Matthew Payne Jr., do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

20<sup>th</sup> November 2023

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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2023 NOV 20 AM 8:48

SUPERVISOR OF ELECTIONS  
DADE COUNTY, FLORIDA

I, Scott Matthew Payne Jr.,  
candidate for the office of Superintendent of Schools;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

20<sup>th</sup> November 2023  
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  
WITH PARTY AFFILIATION**

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HAROLLA COUNTY FLORIDA

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**Candidate Oath**

Name to appear on ballot: Matt Payne

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 Superintendent of Schools, \_\_\_\_\_, \_\_\_\_\_  
(Office) (District #)  
\_\_\_\_\_, \_\_\_\_\_; I am a qualified elector of Wakulla 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.

[Signature] (850) 264-7724 paynebmwakkulaschools@gmail.com  
Signature of Candidate Telephone Number Email Address  
24 Mathers Farm Rd Crawfordville Florida 32327  
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Wakulla

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

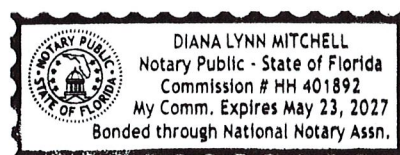
this 5 day of June, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DR License

[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

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SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA

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

My legal name is Scott Matthew Payne Jr. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Matt Payne. 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.

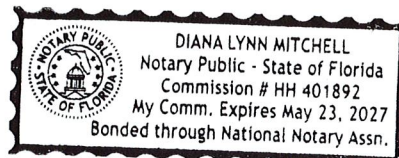
Signature of Candidate: [Signature]

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 by means  
of online notarization ☐ OR physical presence ☒

this 5 day of June, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DR Lic.



## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/06/2024

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2024 JUN 12 PM 3:27

SUPERVISOR OF ELECTIONS  
WAKULLA COUNTY FLORIDA

PID 307705

### General Information

Name: Mr Scott Matthew Payne Jr  
Address: 24 MATHERS FARM RD, CRAWFORDVILLE, FL 32327  
County: Wakulla

### AGENCY INFORMATION

Organization	Suborganization	Title
Wakulla County	Code Enforcement Board	Code Enforcement Board

### CANDIDATE FOR

Position	Agency Name	Position sought or held
Superintendent of Schools	Wakulla County Schools	Superintendent of Schools

### Net Worth

My Net Worth as of June 4, 2024 was \$ 86,276.11.

**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 \$ 100,000.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

Description of Asset	Value of Asset
Bank Accounts (Ameris Bank)	\$ 6,239.07
FRS Investment Plan - Regular Class	\$ 16,407.73

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

Name of Creditor	Address of Creditor	Amount of Liability
FSU Credit Union	11 Osceola Ct Crawfordville, FL	\$ 36,370.69

**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
Wakulla County School Board	PO Box 100, Crawfordville, FL	\$ 58,985.64

**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**

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

***Scott Matthew Payne Jr***

Digitally signed: 06/06/2024

Filed with COE: 06/06/2024



Ashley Lukis  
Chair  
Michelle Anchors  
Vice Chair  
William P. Cervone  
Tina Descovich  
Freddie Figgers  
Luis M. Fusté  
Wengay M. Newton, Sr.  
Jim Waldman



State of Florida  
COMMISSION ON ETHICS  
P.O. Drawer 15709  
Tallahassee, Florida 32317-5709

Kerrie J. Stillman  
Executive Director

Steven J. Zuilkowski  
Deputy Executive Director/  
General Counsel

(850) 488-7864 Phone  
(850) 488-3077 (FAX)  
www.ethics.state.fl.us

325 John Knox Road  
Building E, Suite 200  
Tallahassee, Florida 32303

*"A Public Office is a Public Trust"*

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**VERIFICATION AND RECEIPT OF SUBMISSION  
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Mr Scott Matthew Payne Jr  
Filer PID #: 307705

Date Filed: 6/6/2024  
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests  
Filing ID: 963624

Receipt Print Date: 6/6/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridathics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

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