

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

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

(PLEASE PRINT OR TYPE)

Rcv'd 10:32 AM on 6/11/20

SAO

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

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)

Kimberly S Jackson

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

14967 SW 171ST Avenue Indiantown, FL 34956

4. Telephone

(772) 233-5056

5. E-mail address

kjax1967@gmail.com

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

Council Member Seat 1

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 ☐ _____ Party candidate.

9. I have appointed the following person to act as my

☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Candice Delions

11. Mailing Address

14742 SW 175th Court

12. Telephone

(772) 597-2092

13. City

Indiantown

14. County

Martin

15. State

FL

16. Zip Code

34956

17. E-mail address

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Centerstate

20. Address

15588 SW Warfield Blvd

21. City

Indiantown

22. County

Martin

23. State

Florida

24. Zip Code

34956

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

June 10, 2020

26. Signature of Candidate

X 

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

I, Candice Delions, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

June 10, 2020

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

Rec'd 11:00 on 6/12/20 800

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

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)

Kimberly S. Jackson

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

14967 SW 171st Ave
Indian Town, FL 34956

4. Telephone

(772) 233-5056

5. E-mail address

Kjackson1967@gmail.com

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

Council Member Seat 1

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 ☐ _____ Party candidate.

9. I have appointed the following person to act as my

☐ Campaign Treasurer ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Kimberly S. Jackson

11. Mailing Address

14967 SW 171st Ave

12. Telephone

(772) 233-5056

13. City

Indian Town

14. County

Martin

15. State

FL

16. Zip Code

34956

17. E-mail address

Kjackson1967@gmail.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Centerstate Bank

20. Address

15588 SW Wauhatchee Blvd

21. City

Indian Town

22. County

Martin

23. State

Florida

24. Zip Code

34956

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

June 12, 2020

26. Signature of Candidate

X Kimberly S. Jackson

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

I, Kimberly Jackson, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer ☒ Deputy Treasurer

June 12, 2020

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

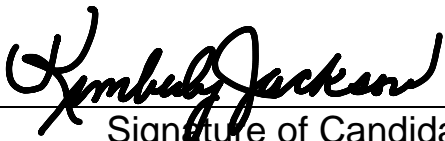
OFFICE USE ONLY

Rcv'd 10:32 AM on 6/11/20

SJO

I, Kimberly S Jackson ,
candidate for the office of Council Member Seat 1 ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

June 10, 2020

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 –
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

Rcvd 10:52 AM 6/12/20
808

OFFICE USE ONLY

Candidate Oath

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

I, Kimberly S. Jackson

(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 Council Member, _____
(Office) (District #)

_____, _____; I am a qualified elector of MARTIN 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): 1058071621

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.]

Kim-burr-lee JACK-son

X Kimberly S. Jackson (772) 233-5056
Signature of Candidate Telephone Number

KJax1967@gmail.com
Email Address

14967 SW. 171st Ave Indiantown
Address City

Florida 34956
State ZIP Code

STATE OF FLORIDA

COUNTY OF Martin

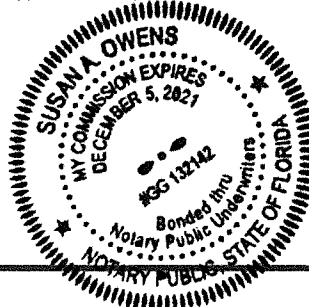
Susan A. Owens
Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me by ☒ physical or
☐ online presence this 12 day of June, 2020.

Personally Known: ☒ or Produced Identification: _____

Type of Identification Produced: _____



FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

JACKSON Kimberly Sheryl

MAILING ADDRESS:

14967 SW 171st Ave.

Indiantown 34956 MARTIN

CITY: ZIP: COUNTY:

Indiantown, 34956 MARTIN

NAME OF AGENCY:

VILLAGE OF Indiantown

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Council Member Seat 1

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEERec'd 10:47 AM 6/12/20
308**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

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
Total Insurance Brokers	1211 N. Westshore Blvd. TAMPA, FL 33607	Insurance Sales

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
On-demand Taxes	On-demand Taxes	14967 SW 171st Ave Indiantown, FL 34956	Tax Prep

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NONE

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
begin on page 3.

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
NONE	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Westlake Financial	4751 Wilshire Blvd. Ste 100 Los Angeles, CA

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")

	BUSINESS ENTITY #1	BUSINESS ENTITY #2
NAME OF BUSINESS ENTITY	Keri's Got Your Piece LLC	
ADDRESS OF BUSINESS ENTITY	14967 SW 171st Ave Indian Creek, FL	
PRINCIPAL BUSINESS ACTIVITY	General Sales	
POSITION HELD WITH ENTITY	OWNER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
NATURE OF MY OWNERSHIP INTEREST	OWNER	

PART G — TRAINING

For elected municipal officers 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:

Kimberly D. Jackson

Date Signed:

6/12/2020

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 CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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, 2019.

Rec'd 10:47 AM 6/12/20
828

VILLAGE OF INDIANTOWN
NOTICE OF LOGIC & ACCURACY TEST
F.S. 101.5612 Testing of Tabulating Equipment

Notice is hereby given that the pre-election Logic & Accuracy test for the automatic tabulating equipment for the August 18, 2020, Village of Indiantown General Election has been scheduled by the Martin County Supervisor of Election for their mail office at the time and location listed below:

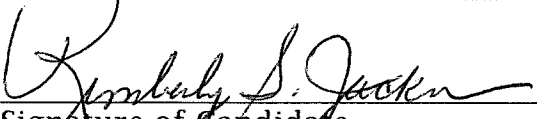
Supervisor of Elections' Office
135 SE Martin Luther King, Jr. Blvd.,
Stuart, FL 34994
8:30 a.m.

Attendance at this test of the equipment is strictly **optional**. All candidates, as well as any members of the general public, are welcome to attend and observe. Please advise the Village Clerk in advance if you will be attending so that the SOE's Office can plan accordingly.

NOTICE OF LOGIC AND ACCURACY TEST ACKNOWLEDGEMENT

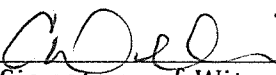
I hereby acknowledge receipt of the above "Notice of Logic and Accuracy Test", pursuant to F.S. 101.5612.

I, or my ☒ representative(s), ☒ will be / ☐ will not be attending.



Signature of Candidate

06/10/2020
Date



Signature of Witness

VILLAGE OF INDINATOWN
AFFIDAVIT OF RESIDENCY
(REQUIRED PER VILLAGE CHARTER)

I, Kimberly S. Jackson, candidate for Village Council - Seat No. 1, do hereby swear or affirm that my primary residence for at least the last year has been the Village of Indiantown and that I am a duly authorized elector in said municipal elections.

I further understand that any misstatements jeopardize my ability to be placed on the August 18, 2020 ballot and/or serve as a Council Member, even if elected.

Kimberly S. Jackson
Signature of Candidate

06/12/2020
Date

Proof of Residency Provided:

- ☒ Florida Driver's License No.: J25D-517-67-512-0
- ☐ Florida State ID Card No.: _____
- ☒ Voter Registration No.: 105807162
- ☐ Copy of Utility Bills
- ☐ Other: _____

STATE OF FLORIDA

COUNTY OF Martin

Sworn to (or affirmed) and subscribed before me

By physical or online presence this 12 day of June, 2020.

Personally Known: ☒ or Produced Identification: _____

Type of Identification Produced: _____

Susan A. Owens
Signature of Notary Public



Florida

DRIVER LICENSE

J250-517-67-512-0

JACKSON
KIMBERLY SHERYL
1496/171ST AVE
INDIAN TOWN FL 34956

DOB 01/12/1967 PS SEX F
EXP 01/12/2026 16 HGT 5'-07"
12 RES1 NONE 98 END NONE

4a ISS 01/12/2018
5CD P901901120904

Operation of a motor vehicle constitutes
consent to any physical examination required by law

DONOR



KIMBERLY S JACKSON CAMPAIGN ACCOUNT
KIMBERLY SHERYL JACKSON
14967 SW 171ST AVE
INDIAN TOWN FL 34956-3941

900

DATE 06/12/2020

Pay to the
Order of

THE Village of Indian town \$ 110.00

One hundred dollars

DOLLARS



Revs 1102 6/12/20
Qualifying fees

MEMO

MP