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:

RECEIVED
2022 JUN 13 PM 5:09
2022 JUN 13 PM 12:27
SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA
PROCESSED
277588
RECEIVED
2022 JUN 13 PM 12:27
SUPERVISOR OF ELECTIONS
WAKULLA COUNTY, FLORIDA

LAST NAME — FIRST NAME — MIDDLE NAME:
Messersmith, Quincee Shannon

MAILING ADDRESS:
18 Gulf Breeze Drive

CITY: Crawfordville ZIP: 32327 COUNTY: Wakulla

NAME OF AGENCY: Wakulla County Board of County Comm.

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Wakulla County Commissioner District 4

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 $ 827,194.

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 $ 166,100

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real Estate - See Attached	1,084,877
Bank Accounts - " "	429,752
IRS Retirement	18807
Wells Fargo SEP/IRA	44472

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Centennial Bank - 2932 Crawfordville Hwy., Crawfordville, FL 32327	177,108
Suntrust Bank - 215 S. Monroe St. Tallahassee, FL 32301	380,988
Capital City Bank - 2892 Crawfordville Hwy. Crawfordville, FL 32327	15,184

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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
GSM Associates, LLC 18 Gulf Breeze Drive	Crawfordville, Florida 32327	44500
Wakulla County BOCC Rental Income	3093 Coo., Hwy Crawfordville, FL 32327 See attached	35214 38,020

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	n/a		
ADDRESS OF BUSINESS ENTITY	n/a		
PRINCIPAL BUSINESS ACTIVITY	n/a		
POSITION HELD WITH ENTITY	n/a		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	n/a		
NATURE OF MY OWNERSHIP INTEREST	n/a		

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.

Quincee M. Messersmith
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

DEBORAH K. DUBOSE
MY COMMISSION EXPIRES: OCTOBER 5, 2022
HG 225305
Bonded thru Troy Fain Insurance
NOTARY PUBLIC, STATE OF FLORIDA

STATE OF FLORIDA
COUNTY OF Wakulla

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 10th day of June, 2022 by Quincee Messersmith.

Deborah K. DuBose
(Signature of Notary Public--State of Florida)

DEBORAH K. DUBOSE
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ *OR* Produced Identification _____

Type of Identification Produced _____

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

_____ _____
Signature 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 ☐

Assets

Part B

Real Estate Owned:

2863 LBR, S. 32310	73,463
2881 LBR, S. 32310	99,789
2755 LBR, S. 32310	80,287
3635 Tyson 32310	69,405
2312 Cypress Cove 32310	173,456
611 Dickson 32324	23,565
18 Gulf Breeze Dr. 32310	253,994
68 Gulf Breeze Dr. 32310	45,918
Wakulla Parcel 11-4S-02W-000-01889-000	201000
Ocean View Parcel 00-00-121-000-11960-30	2000
Ocean View Parcel 00-00-121-000-11960-29	2000

Bank Accounts

SunTrust Checking 215 S. Monroe Street Tall., FL 32301	644
SunTrust Checking 215 S. Monroe Street Tall., FL 32301	13,741
CCBG/Checking 2592 Crawfordville HWY Crawfordville, FL 32327	80,739

Centennial Bank
2932 Crawfordville HWY
Crawfordville, FL 32327 4177

Centennial Bank
2932 Crawfordville HWY
Crawfordville, FL 32327 33,979

Prime Meridian
2201 Crawfordville HWY
Crawfordville, FL 32327 296,472

Income

Part D

FSM Clients 44,500
(PBSO 3228 Gun Club Drive WPB, FL 33406/Law Enforcement)
(MasterCard 1401 EYE Street NW, Ste. 1310 Washington, D.C./20005/Card Brand)

WCBOCC 35214
(3093 Crawfordville HWY, Crawfordville, FL 32327/Government)

Rental
2863 LBR, S. 32310 4000
2881 LBR, S. 32310 10,800
3635 Tyson 32310 9600
2312 Cypress Cove 32310 9600
611 Dickson 32324 4020

Rental Income 38,020

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Messersmith, Quincee Shannon

MAILING ADDRESS:
18 Gulf Breeze Drive

CITY: Crawfordville ZIP: 32327 COUNTY: Wakulla

NAME OF AGENCY:
Wakulla County Board of County Comm.

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Wakulla County Commissioner District 4

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

FOR OFFICE USE ONLY:

2022 JUN 13 PM 12:27

FLORIDA COMMISSION ON ETHICS
AUG 09 2022
RECEIVED

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PROCESSED

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My net worth as of December 31, 20 21 was $ 867,194.

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Capital City Bank - 2892 Crawf. Hwy. Craw., FL 32327	15,184

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
JSM Associates, LLC	18 Bluff Breeze Drive Crawfordville, Florida 32327	44500
Wakulla County BOCC Mental Health	2088 Coastal Hwy Crawfordville, FL 32327 See attached	35214 38,020

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

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☑ **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.

Quincee McCorvey Smith
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Wakulla

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 10th day of June, 2022 by Quincee McCorvey Smith.

Deborah K. DuBose
(Signature of Notary Public--State of Florida)

DEBORAH K. DUBOSE
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

DEBORAH K. DUBOSE MY COMMISSION EXPIRES OCTOBER 5, 2022 #GG 225395 Bonded thru Troy Fain Insurance NOTARY PUBLIC, STATE OF FLORIDA

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

_____ Signature

_____ Date

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2932 Crawfordville HWY
Crawfordville, FL 32327 4177

Centennial Bank
2932 Crawfordville HWY
Crawfordville, FL 32327 33,979

Prime Meridian
2201 Crawfordville HWY
Crawfordville, FL 32327 296,472

Income

Part D

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