2024 Form 1 - Statement of Financial Interests

Filed with COE: 05/04/2025

General Information

Name: Mr John David Kemp

PID 316525

AGENCY INFORMATION

Organization	Suborganization	Title
Palm Beach Gardens	Mayor And City Council	Councilmember

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(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
Palm Beach County Fire Rescue	405 Pike Rd, West Palm Beach, FL 33411	Firefighter
Reliable Contract Closers, LLC	11265 86th Street N, Palm Beach Gardens, FL 33412	Transaction Coordination
Rolling to Riding Agricultural Services, LLC	11265 86th Street N, Palm Beach Gardens, FL 33412	Agricultural Services

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

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Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
STOCK	MICROSOFT CORP
STOCK	HEICO CORP
STOCK	BERKSHIRE HATHAWAY INC
STOCK	WALT DISNEY CO
STOCK	AT&T INC
STOCK	VERIZON COMMUNICATIONS
STOCK	PFIZER INC
MUTUAL FUND	COLUMBIA SEL LG
MUTUAL FUND	COLUMBIA DIVIDEND INC
MUTUAL FUND	ALGER WEATHERBIE CLASS C
BOND	PENNSYLVANIA ST PUB SCH
SAVINGS ACCOUNT	WELLS FARGO
CHECKING ACCOUNT	BANK OF AMERICA
SAVINGS ACCOUNT	BANK OF AMERICA
DROP ACCOUNT	FLORIDA RETIREMENT SYSTEM
DEFERRED COMP	NATIONWIDE

Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
BANK OF AMERICA	PO BOX 17237, WILMINGTON, DE 19886
CARMAX AUTO FINANCING	P.O. Box 440609, Kennesaw, GA 30160
BMO BANK NA	PO BOX 6201, CAROL STREAM, IL 60197
MORTGAGE	4050 SW 132 AVE, MIRAMAR, FL 33027

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Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, 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 Filer

John david Kemp

Digitally signed: **05/04/2025**

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