General Information

Name: Deborah J Mayfield

PID 267689

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Senate	Florida Senate	District 19

Net Worth

This section not amended by filer.

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 N/A.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
This section not amended by filer.	

Liabilities		
LIABILITIES IN EXCESS OF \$1,00	0:	
Name of Creditor	Address of Creditor	Amount of Liability
This section not amended by filer.		
JOINT AND SEVERAL LIABILITIES	S NOT REPORTED ABOVE:	
Name of Creditor	Address of Creditor	Amount of Liability
This section not amended by filer.		

Income					
Identify each separate source and income. Or attach a complete concepted to the Commission's web	opy of your 202 or account nur site.	24 federal incom mbers before at	ne tax return, including all W2s, so taching your returns, as the law r	chedules, a equires the	nd attachments.
I elect to file a copy of my 20.	24 federal inco	ome tax return a	ind all W2s, schedules, and attacl	nments.	
PRIMARY SOURCES OF INCOME:					
Name of Source of Income Excee	eding \$1,000	Address of So	urce of Income		Amount
This section not amended by file	r.				
SECONDARY SOURCES OF INCOM	E (Major custo	mers, clients, et	c. of businesses owned by report	ing person):
Name of Business Entity	Name of Maj Business' Inco	or Sources of ome	Address of Source	-	Business of Source
This section not amended by filer.					
Interests in Specified Bu	ısinesses				
Business Entity # 1					
This section not amended by file	or				
This section not differenced by file					

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.
Amendment Reason

Explanation of changes why are you amending your previous form 6 submission? Title missing for agency information, did not populate, was corrected, and I am resubmitting

Signature of Reporting Official or Candidate

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

Deborah J Mayfield

Digitally signed: 01/28/2025

Filed with COE: 01/28/2025