2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/17/2025

General Information

Name: Charles Deston Goodman (Ret)

PID 238456

AGENCY INFORMATION

Organization	Suborganization	Title
Williston	Mayor And City Council	

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
Social Security Administration	540 Fifth Ave, Mckeesport PA	Government Office
Veterans Administration	1000 Liberty Ave, Pittsburgh PA	Government Office
Mass Mutual	PO Box 758511, Topeka KS	Financial Investment Institution

Filed with COE: 06/17/2025

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
Residential Property, Parcel 15-01S-12E-0960900.0000, 17107 CR 132, Live Oak FL
Undeveloped Property, Parcel 15-01S-12E-0960900.0000, Suwannee County
Vacant Lot, Parcel 2167200000 Levy County, Williston, Oak Hammock Lot 17

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
Annuity	Mass Mutual
Bank	Florida Credit Union
Bank	Capital City Bank
Bank	Campus USA Credit Union
Life Insurance	Minnesota Life

Filed with COE: 06/17/2025

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
Home Depot Credit Services	PO Box 9001010, Louisville KY 40290-1010

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.

Filed with COE: 06/17/2025

Signature of Filer

Charles Deston Goodman (Ret)

Digitally signed: **06/17/2025**

Filed with COE: 06/17/2025