2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/23/2025

General Information

Name: Mrs Debra French Jones

PID 69205

AGENCY INFORMATION

Organization	Suborganization	Title
Williston	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
Social Security Administration	PO Box 67620, Wilkes-Barre, PA 18767	Social Security Benefits
Principal Life Insurance Co	PO Box 9323, Des Moines, IA 50306	SantaFe HealthCare Retirement Benefits
Southern Farm Bureau Life Insurance Co	PO Box 78, Jackson, MS 39205	FL Farm Bureau Insurance Retirement Benefits
First Methodist Church of Williston, Inc	213 W Noble Ave, Williston, FL 32696	Church
City of Williston	PO Box 160, Williston, FL 32696	City Government
The Ice Chest, LLC	547 NW 2nd Ave, Williston, FL 32696	Ice Vending Machine

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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
516 NW 2nd Ave, Williston, FL 32696 / Non-Resident House

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
Interest in Business/Partner	The Ice Chest, LLC - Ice Vending Machine

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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
Chrysler Capital	PO Box 9118, Temecula, CA 92589

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.

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Signature of Filer

Debra French Jones

Digitally signed: **06/23/2025**

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