2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: William raymond Sell

PID 286098

AGENCY INFORMATION

Organization	Suborganization	Title
Debary	Mayor & City Council	City Council Member

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
proctor and gamble	one pg plaza cincinati ohio 45201	service technician
city of debary	16 colomba road debary florida 32713	debary city councilman
See Attached		

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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

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
N/A	

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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
stellantis financial	3065 akers mill road se suite 700 atlanta georgia 30339

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: 06/30/2025

Signature of Filer

William raymond Sell

Digitally signed: **06/30/2025**

Filed with COE: 06/30/2025

Form W-2 Wage and Tax Statement 2024

Copy C, for employee's records

d Control number 0944-Y4393080 0000000203 - MAYOR	Void	c Employer's name, address, and ZIP code CITY OF DEBARY 16 COLOMBA RD DEBARY FL 32713	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
b Employer identification number (EIN) 59-3217634	a Employee's social security number [redacted]		1 Wages, tips, other compensation: 9089.58 / 2 Federal income tax withheld: 235.08
13 Statutory employee / Retirement plan / Third-party sick pay			3 Social security wages: 9089.58 / 4 Social security tax withheld: 563.55
12 See instructions for box 12	14 Other	e Employee's name, address, and ZIP code WILLIAM SELL 42 SEMINOLE DRIVE DEBARY FL 32713	5 Medicare wages and tips: 9089.58 / 6 Medicare tax withheld: 131.80 7 Social Security Tips / 8 Allocated Tips 10 Dependent care benefits / 11 Nonqualified plans

15 State / Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2024

Copy B, to be filed with employee's FEDERAL tax return

d Control number 0944-Y4393080 0000000203 - MAYOR	Void	c Employer's name, address, and ZIP code CITY OF DEBARY 16 COLOMBA RD DEBARY FL 32713	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
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Form W-2 Wage and Tax Statement 2024

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All copies of your W-2 are on this page, separated by perforations. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

D. CONTROL NUMBER	This information is being furnished to the Internal Revenue Service	2024	OMB NO. 1545 - 0008

B. EMPLOYER IDENTIFICATION NUMBER (EIN)	[redacted] BER
31-0411981	

C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE

PROCTER & GAMBLE DISTRIBUTING
ONE P G PLAZA
CINCINNATI, OH 45201-0599

13.	Statutory Employee	Retirement Plan	Third-Party Sick Pay
	☐	☒	☐

E. EMPLOYEE'S FIRST NAME AND INITIAL | LAST NAME | SUFF.

WILLIAM R SELL
42 SEMINOLE DRIVE
DEBARY, FL 32713

F. EMPLOYEE'S ADDRESS AND ZIP CODE

1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
59925.98	5416.95
3. SOCIAL SECURITY WAGES	**4. SOCIAL SECURITY TAX WITHHELD**
63789.47	3954.95
5. MEDICARE WAGES AND TIPS	**6. MEDICARE TAX WITHHELD**
63789.47	924.95
7. SOCIAL SECURITY TIPS	**8. ALLOCATED TIPS**
9.	**10. DEPENDENT CARE BENEFITS**
11. NONQUALIFIED PLANS	**12. a-d See instructions for box 12**
	D 3863.49
14. OTHER	C 78.78
	DD 13172.64

15. STATE	EMPLOYER'S STATE I.D. NO.	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME