

General Information

Name: Debbie Trice

PID 300853

AGENCY INFORMATION

Organization	Suborganization	Title
Sarasota	Mayor And City Commission	City Commissioner, At-Large

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	Washington DC	Federal Pension Benefit
IBM Corporate Pension Plan	Armonk NY	Computer Technology

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**

This section not amended by filer.

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**

This section not amended by filer.

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

This section not amended by filer.

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.

Amendment Reason

Explanation of changes why are you amending your previous form 1 submission?

I accidentally listed "Intangible Personal Property" in "Primary Sources of Income." This Amendment removes the items that are NOT Sources of Income.

Signature of Filer

Debbie Trice

Digitally signed: 12/16/2025

Filed with COE: 12/16/2025