2025 Form 1 - Statement of Financial Interests

Filed with COE: 01/12/2026

General Information

Name: Ms Kathy Washington

PID 298993

AGENCY INFORMATION

Organization	Suborganization	Title
Welaka	Mayor And Town Council	Councilwoman

CANDIDATE FOR

Position	Agency Name	Position sought or held
Mayor for a City, Town or Village - Form 1 (Effective 6/10/2024)	Town of Welaka	Mayor

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

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
Century 11 Staffing	1175 John Street West Henrietta , NY 14586	Educational Temporary Service
Defense Finance and Accounting Svc	8899 E 56th ST Indianapolis, IN 46249	Military retirement
Kruse Trucking, Inc	P O Box 384 Welaka, FL 32193	Asset Carrier
Social Security	7185 Bentley Road #1	Jacksonville, FL 32256

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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
Kruse Trucking Inc	Bridgeway/Jones Motor Co Inc	200 Airside Dr Moon Township, PA 15108	Asset Carrier

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
600 10th Ave Welaka, FL 32193

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
Mohela	633 Spirit Dr Chesterfield, Missouri 63005

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

Kathy Washington

Digitally signed: **01/12/2026**

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