2025 Form 1 - Statement of Financial Interests

Filed with COE: 01/22/2026

General Information

Name: Mrs Debra French Jones

PID 69205

AGENCY INFORMATION

Organization	Suborganization	Title
Williston	Mayor And City Council	Councilmember

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City of Williston	City Council, Seat E

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**
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

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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
The Ice Chest, LLC	Public Unknown	547 NW 2nd Ave, Williston, FL 32696	Ice Vending Machine

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
Ice Vending Machine	The Ice Chest, LLC
Savings Account (Personal)	Seacoast Bank

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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
VyStar Credit Union	PO Box 45085, Jacksonville, FL 32232-5085

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	
Name of Business Entity	Orange Hill Cemetery Association
Address of Business Entity	PO Box 1023, Williston, FL 32696
Principal Business Activity	Non-Profit Cemetery Association
Postion Held with Entity	Volunteer Treasurer
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	No Ownership Interest (Volunteer Position)

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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.

Signature of Filer

Debra French Jones

Digitally signed: **01/22/2026**

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