Filed with COE: 06/02/2026

General Information

Name: Billy Felton Smith

PID 310821

AGENCY INFORMATION

Organization	Suborganization	Title
Malone	Mayor And City Council	Council Member

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
State Of Florida Retirement	P O Box 9000 Tallahassee, Florida 32315	Retirement
U S Military Retirement Pay	8899 E. 56th Street Indianapolis, In 46249	Retirement
State Of Florida Financial Officer	200 Gaines Street Tallahassee, Florida 32399	D.O.T.
Town Of Malone	5182 9Th Avenue Malone, Florida 32445	Town Council
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
N/A	

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: 06/02/2026

Signature of Filer

Billy Felton Smith

Digitally signed: **06/02/2026**

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a Employee's SSN [redacted]	1 Wages, tips, other compensation 2700.00	2 Federal income tax withheld
OMB No. 1545-0029	3 Social security wages 2700.00	4 Social security tax withheld 167.40
b Employer identification number 59-1267540	5 Medicare wages and tips 2700.00	6 Medicare tax withheld 39.15

c Employer's name, address, and ZIP code
TOWN OF MALONE
5182 9TH AVENUE
5182 9TH AVENUE
MALONE FL 32445

e Employee's first name and initial BILLY F	Last name SMITH	Suff.
f Employee's address and ZIP code 5374 8TH STREET Malone FL 32445		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other	
12b		
12c		
12d		
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		
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

Form **W-2** Wage and Tax Statement **2025** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

a Employee's SSN [redacted]	1 Wages, tips, other compensation 2700.00	2 Federal income tax withheld
OMB No. 1545-0029	3 Social security wages 2700.00	4 Social security tax withheld 167.40
b Employer identification number 59-1267540	5 Medicare wages and tips 2700.00	6 Medicare tax withheld 39.15

c Employer's name, address, and ZIP code
TOWN OF MALONE
5182 9TH AVENUE
5182 9TH AVENUE
MALONE FL 32445

e Employee's first name and initial BILLY F	Last name SMITH	Suff.
f Employee's address and ZIP code 5374 8TH STREET Malone FL 32445		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other	
12b		
12c		
12d		
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		
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

Form **W-2** Wage and Tax Statement **2025** Department of the Treasury-Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS.

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.

a Employee's SSN [redacted]	1 Wages, tips, other compensation 2700.00	2 Federal income tax withheld
OMB No. 1545-0029	3 Social security wages 2700.00	4 Social security tax withheld 167.40
b Employer identification number 59-1267540	5 Medicare wages and tips 2700.00	6 Medicare tax withheld 39.15

c Employer's name, address, and ZIP code
TOWN OF MALONE
5182 9TH AVENUE
5182 9TH AVENUE
MALONE FL 32445

e Employee's first name and initial BILLY F	Last name SMITH	Suff.
f Employee's address and ZIP code 5374 8TH STREET Malone FL 32445		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other	
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12c		
12d		
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		
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

Form **W-2** Wage and Tax Statement **2025** Department of the Treasury-Internal Revenue Service

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.