2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/04/2026

General Information

Name: Ms Jonitha Mechelle Pittman-Williams

PID 307751

AGENCY INFORMATION

Organization	Suborganization	Title
Jacob	Mayor & City Council	Council Member

Disclosure Period

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

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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
PRIMARY RESIDENT	4459 JACKSON RD	HOME AND LAND $223,000.00
TIME SHARE	D	TIMESHARE PROPERTY $10,1000.00
ANNUITY	LOCAL BANK	BANK $121,505.00
ANNUITY	LOCAL BANK	BANK $58,150.00
ANNUITY	LOCAL BANK	BANK $11.970.00
SAVINGS ACC	LOCAL BANK	BANK $18,000.00
MONEY MARKET	LOCAL BANK	BANK $25,000.00
SOCIAL SECURITY	GOVERNMENT	GOVERNMENT $27.860.80
CAR	OWN	OWN $30,000.00
GENERAC/SHED	OWN	OWN $,17,000.00
LIFE INSUR	AMERICAN GENEAL	SALT LAKE $49,131.00
LIFE INSURANCE	MONUMENTAL LIFE	OHIO $11,000.00

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			

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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
SOCIAL SECURITY	SOCIAL SECURITY ADMINISTRATION $27,860.80
LONG TERM DISABILITY	SUN LIFE FINANCIAL KANSAS CITY $5,170.00
COUNCILWOMAN STIPEND CHECK	JACOB CITY STIPEND CHECK $1,200.00

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	

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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.

Signature of Filer

Jonitha Mechelle Pittman-Williams

Digitally signed: **06/04/2026**

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