

General Information

Name: Mr William Michael Gay

PID 304552

AGENCY INFORMATION

Organization	Suborganization	Title
Jacksonville	Council & Constitutional Officers	City Council District 2
Jacksonville	KingSoutel Crossing Community Redevelopment Agency Board	Board Member
Jacksonville	Renew Arlington Community Redevelopment Agency Board	Board Member
Northeast Florida Regional Council	Board of Directors	Board Member

Net WorthMy Net Worth as of December 31, 2025 was \$ 9,076,282.59.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effect is \$ 70,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Regions Checking	\$ 8,295.02
Regions Money Market Account	\$ 1,040,439.15
2010 Custom Motorcycle	\$ 7,500.00
Merrill Lynch 401k	\$ 42,823.17
Merrill Edge Stock	\$ 35,483.23
National Electrical Annuity	\$ 86,246.16
(Stocks) M. Gay Constructors Inc	\$ 5,186,065.00
(Stocks) Power Foundations Inc	\$ 623,095.00
MGC Loan New Kings Rd	\$ 265,875.00
Cedar Bay Home	\$ 800,000.00
Kingsley Manor Way Lot	\$ 700,000.00
Bennington Boat	\$ 17,000.00
Puma Travel Trailer	\$ 18,000.00
Land Rover vehicle	\$ 70,000.00
Madison 120 acres	\$ 540,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo 1113 Cedar Bay Rd	PO Box 10378 Des Moines IA 50306	\$ 434,539.14

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Power Foundations Inc	11863 New Kings Rd Jacksonville 32219	\$ 97,315.60
M Gay Constructors Inc	11863 New Kings Rd Jacksonville 32219	\$ 33,792.80
MGC New Kings Rd loan	11863 New Kings Rd Jacksonville 32219	\$ 60,000.00
City of Jacksonville CC	117 West Duval St Jacksonville Fl	\$ 57,021.90

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
Power Foundations Inc	Florida Tel-Con	1513 Co Hwy 315 Green Cove Springs Fl 32043	Construction
M Gay Constructors Inc	JEA	21 West Church St Jacksonville Fl 32202	Construction
M Gay Constructors Inc	Miller Electric	6805 Southpoint Pwy Jacksonville Fl 32216	Install poles
M Gay Constructors Inc	Miles Electric	10418 New Berlin Rd Jacksonville Fl 32226	Install Lights
M Gay Constructors Inc	Musco Sports Lighting	100 1st Ave West Oskaloosa IA 52577	Install systems
Power Foundations Inc	EMEGC Inc	3615 E Lake Ave #7945 Tampa Fl 33610	Construction
Power Foundations Inc	LE Myers CO	24925 Sorrento Ave, Sorrento Fl 32776	Construction
M Gay Constructors Inc	Lee County Fl	2115 Second St Ft Myers Fl	Stadium Lighting

Interests in Specified Businesses

Business Entity # 1	
Name of Business Entity	Artisans Insurance LTD
Address of Business Entity	PO Box 10027 Grand Cayman , Cayman Islands
Principal Business Activity	Insurance
Postion Held with Entity	Director
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	Self Insurance

Training

This section applies only to a Constitutional or elected municipal officer, 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 Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

William Michael Gay

Digitally signed: 06/22/2026

Filed with COE: 06/22/2026