

General Information

Name: Ms Laura Jane DeBruce

PID 292146

AGENCY INFORMATION

Organization	Suborganization	Title
Sanibel	Mayor And City Council	Councilmember

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
This section not amended by filer.		

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
DeBruce Blackman, PLLC	Sanibel Island Golf Club	1100 Par View Drive, Sanibel, FL	Golf Club
DBL Consulting, Inc.	Sanibel Carts, LLC	975 Rabbit Road, Suite 6, Sanibel, FL	Golf Cart Rental
DBL Consulting, Inc	GrandView Castle Entertainment	16192 Coastal Highway, Lewes, DE	Film Distribution

Real Property

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

Location/Description

This section not amended by filer.

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**

This section not amended by filer.

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**

Wells Fargo Mortgage

PO Box 5282 Sioux Falls, SD 57117-5282

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

This section not amended by filer.

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.

Amendment Reason

Explanation of changes why are you amending your previous form 1 submission?
I inadvertently left off information about secondary sources of income and liabilities.

Signature of Filer

Laura Jane DeBruce

Digitally signed: 06/17/2026

Filed with COE: 06/17/2026