2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/26/2026

General Information

Name: Dr Deborah Lux

CONFIDENTIAL

PID 304957

AGENCY INFORMATION

Organization	Suborganization	Title
Punta Gorda	Mayor And City Council	
S.W. Fla. Regional Planning Council	Council Members	Councilwoman District 3

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
N/A		

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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”)

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Type of Intangible	Business Entity to Which the Property Relates
BOL	EDWARD JONES
NOK	EDWARD JONES
PCOXX	EDWARD JONES
GOOG	EDWARD JONES
AAPL	EDWARD JONES
AVGO	EDWARD JONES
HPQ	EDWARD JONES
MSFT	EDWARD JONES
NVDA	EDWARD JONES
TXN	EDWARD JONES
WST	EDWARD JONES
OAKIX	EDWARD JONES
ACN	EDWARD JONES
AMZN	EDWARD JONES
AMT	EDWARD JONES
BMY	EDWARD JONES
CAG	EDWARD JONES
DUK	EDWARD JONES
ELV	EDWARD JONES
EQR	EDWARD JONES
WTRG	EDWARD JONES
HON	EDWARD JONES
HPQ	EDWARD JONES
HBAN	EDWARD JONES
KMB	EDWARD JONES
KHC	EDWARD JONES
LULU	EDWARD JONES
OKE	EDWARD JONES
CRM	EDWARD JONES
SNPS	EDWARD JONES
UPS	EDWARD JONES
VZ	EDWARD JONES

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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.

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Signature of Filer

Deborah Lux

Digitally signed: **06/26/2026**

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