2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/29/2026

General Information

Name: Mrs Lois Ann Paritsky

PID 243325

AGENCY INFORMATION

Organization	Suborganization	Title
Ponce Inlet	Mayor And Town Council	Mayor

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
HOWARD PARITSKY	4757 S ATLANTIC AVE #704 PONCE INLET FL 32127	SPOUSE, SELF EMPLOYED
TOWN OF PONCE INLET	4300 S ATLANTIC AVE PONCE INLET 32127	MUNICIPALITY
JP MORGAN CHASE BANK	NEW YORK, NY	FINANCIAL INSTITUTION - INNVESTMENTS
BANK OF AMERICA	NEW YORK, NY	FINANCIAL INSTITUTION - INNVESTMENTS
ALLY BANK	NEW YORK, NY	FINANCIAL INSTITUTION - INNVESTMENTS
US TREASURY	WASHINGTON, DC	GOVERNMENT - SOCIAL SECURITY
RHINOSTAT LABS	PORT ORANGE FL	MEDICAL PRODUCT COMPANY

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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
523D VIRGINIA AVE, PORT ORANGE FLORIDA 32127
527D VIRGINIA AVE, PORT ORANGE FLORIDA 32127

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
INVESTMENTS	JP MORGAN CHASE
INVESTMENTS	BANK OF AMERICA
INVESTMENTS	ALLY BANK

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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

Lois Ann Paritsky

Digitally signed: **06/29/2026**

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