

## 2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 07/09/2026

### General Information

Name: Francene O'Neal

PID 322846

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|--------------|-----------------|-------|
|              |                 |       |

### Net Worth

My Net Worth as of December 31, 2025 was \$ 50,000.00.

### 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 \$ 3,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| N/A                  |                |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

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

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       |
|--------------------------------------------|-----------------------------|--------------|
| City of West Palm Beach                    | 401 Clematis St.            | \$ 77,368.00 |
| See Attached                               |                             |              |

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 |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| See Attached            |                                           |                   |                                       |

**Interests in Specified Businesses****Business Entity # 1**

N/A

**Training**

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

***Francene O'Neal***

Digitally signed: 07/09/2026

Filed with COE: 07/09/2026

|                                                                                                                         |  |                   |  |                                                                                                                                                                                                                                  |                                           |                                            |                     |
|-------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|---------------------|
| a Employee's social security number<br>[REDACTED]                                                                       |  | OMB No. 1545-0029 |  | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. |                                           |                                            |                     |
| b Employer identification number (EIN)<br>59-6000448                                                                    |  |                   |  | 1 Wages, tips, other compensation<br>77368.08                                                                                                                                                                                    | 2 Federal income tax withheld<br>10510.71 |                                            |                     |
| c Employer's name, address, and ZIP code<br>City of West Palm Beach<br>401 Clematis Street<br>WEST PALM BEACH, FL 33401 |  |                   |  | 3 Social security wages<br>85476.17                                                                                                                                                                                              | 4 Social security tax withheld<br>5299.52 |                                            |                     |
|                                                                                                                         |  |                   |  | 5 Medicare wages and tips<br>85476.17                                                                                                                                                                                            | 6 Medicare tax withheld<br>1239.40        |                                            |                     |
|                                                                                                                         |  |                   |  | 7 Social security tips                                                                                                                                                                                                           | 8 Allocated tips                          |                                            |                     |
| d Control number                                                                                                        |  |                   |  | 9                                                                                                                                                                                                                                | 10 Dependent care benefits                |                                            |                     |
| e Employee's first name and initial Last name Suff.<br>Francene Denise ONeal                                            |  |                   |  | 11 Nonqualified plans                                                                                                                                                                                                            |                                           | 12a See instructions for box 12<br>C 73.95 |                     |
| 423 GRISWOLD DRIVE<br>LAKE WORTH, FL 33461                                                                              |  |                   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                              | 12b G 1300.00                             |                                            |                     |
|                                                                                                                         |  |                   |  | 14 Other                                                                                                                                                                                                                         | 12c DD 19111.68                           |                                            |                     |
|                                                                                                                         |  |                   |  |                                                                                                                                                                                                                                  | 12d EE 1300.00                            |                                            |                     |
|                                                                                                                         |  |                   |  |                                                                                                                                                                                                                                  |                                           |                                            |                     |
| f Employee's address and ZIP code                                                                                       |  |                   |  | 15 State                                                                                                                                                                                                                         | Employer's state ID number                | 16 State wages, tips, etc.                 | 17 State income tax |
|                                                                                                                         |  |                   |  | 18 Local wages, tips etc.                                                                                                                                                                                                        | 19 Local income tax                       | 20 Locality name                           |                     |
|                                                                                                                         |  |                   |  |                                                                                                                                                                                                                                  |                                           |                                            |                     |

**W-2 W-2 Wage and Tax Statement**  
Form  
Copy C - For Employer's Records (See Notice to Employee on Copy B.)

**2025**

Department of Treasury - Internal Revenue Service

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**Instructions for Employee** (See also *Notice to Employee*, on Copy B.)

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and

received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$23,500 (Generally, \$16,500 for SIMPLE plans; \$26,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$23,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2025, your employer may have allowed an additional elective deferral or designated Roth contribution (catch-up contribution) to your plan. For information about limits on these catch-up contributions, including the higher limit if you were age 60 through 63 as of December 31, 2025, see Pub. 525. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**B**-Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**C**-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

**D**-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E**-Elective deferrals under a section 403(b) salary reduction agreement

(continued on Copy 2)