

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 01/18/2024

General Information

Name: Mrs Debra French Jones

PID 69205

AGENCY INFORMATION

Organization	Suborganization	Title
Williston	Mayor And City Council	

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 6	City of Williston	City Council, Seat E

Net Worth

My Net Worth as of December 31, 2023 was \$ 770,096.27.

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, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 7,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Real Property, 547 NW 2nd Ave, Williston, FL	\$ 397,025.00
Real Property, 516 NW 2nd Ave, Williston, FL	\$ 170,456.00
Ice Vending Machine, 122 NE 6th Ave, Williston, FL	\$ 31,667.00
Automobile (Jeep)	\$ 20,500.00
Automobile (Mazda)	\$ 4,500.00
Travel Trailer (Coleman)	\$ 12,686.83
Bank Accounts (Seacoast Bank)	\$ 77,071.20
Bank Accounts (Capital City Bank)	\$ 42,857.77
Farm Bureau 401K (Principal Financial Group-Vanguard Group))	\$ 39,779.26

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Chrysler Capital	PO Box 660335, Dallas, TX 75266	\$ 18,758.35
M&T Bank	PO Box 64679, Baltimore, MD 21264	\$ 10,525.00

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 2023 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 2023 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
Social Security Administration	6401 Security Blvd, Baltimore, MD 21235	\$ 24,240.00
Southern Farm Bureau (FL Farm Bureau Retirement)	PO Box 78, Jackson, MS 39205	\$ 5,500.08
Principal Bank (SantaFe HealthCare Retirement)	PO Box 9351, Des Moines, IA 50306	\$ 5,571.12
First Methodist Church of Williston	213 W Noble Ave, Williston, FL 32696	\$ 11,184.25
The Ice Chest, LLC	547 NW 2nd Ave, Williston, FL 32696	\$ 7,000.00
City of Williston	PO Box 160, Williston, FL 32696	\$ 6,000.00

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
The Ice Chest, LLC	Customers Unknown-Ice Vending Machine	Unknown	N/A

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

Name of Business Entity	Orange Hill Cemetery Association
Address of Business Entity	PO Box 1023, Williston, FL 32696
Principal Business Activity	501-C-3 Community Cemetery Association
Postion Held with Entity	Treasurer/Board of Directors
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	Volunteer Position/No Ownership Interest

Business Entity # 2

Name of Business Entity	Florida Municipal Insurance Trust (FL League of Cities)
Address of Business Entity	PO Box 538135, Orlando, FL 32853
Principal Business Activity	Property/Liability/WC/Health Insurance
Postion Held with Entity	Trustee
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	No Ownership Interest

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.

Debra French Jones

Digitally signed: 01/18/2024

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