

2024 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 06/02/2025

General Information

Name: Ms Rhonda Gaye Jones

PID 281219

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 12/31/2024

AGENCY INFORMATION

Organization	Suborganization	Title
Department Of Corrections	Employees	Field Office Manager - SES

Net Worth

My Net Worth as of December 31, 2024 was \$ 720,382.51.

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 N/A.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
home and land	\$ 300,000.00
bank account	\$ 21,000.00
Automobile	\$ 25,000.00
FRS Investment	\$ 277,432.69
Nationwide deferred comp.	\$ 96,949.82

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
First Florida Credit Union	Jacksonville, FL	\$ 39,299.40
Capital one	PO BOx 50519, California	\$ 2,358.15

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2024, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Florida Department of Corrections	Tallahassee, Florida	\$ 70,432.96
Sonshine Title	Starke, Florida	\$ 13,259.81

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
N/A			

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

N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6F and that the facts stated in it are true.

Rhonda Gaye Jones

Digitally signed: 06/02/2025

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