2024 Form 1 - Statement of Financial Interests

Filed with COE: 02/18/2025

General Information

Name: Mr Jason Michael Jones

PID 289306

AGENCY INFORMATION

Organization	Suborganization	Title
Plant City	Mayor And City Commission	City Commissioner
Tampa Bay Regional Planning Council	Council Members	City Commissioner

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City of Plant City	City Commission Group 2

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

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
Advantage Restoration, Inc	PO Box 5438 Plant City, FL 33563	Disaster Restoration

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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
601 Hitchcock Street, Plant City, FL 33563

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
Bank Accounts -Bank of America	Personal
Bank Accounts -Bank of Tampa	Advantage Restoration, Inc
Bank Accounts -Suncoast Credit Union	Advantage Restoration, Inc
Bank Accounts -Cogent Bank	Advantage Restoration, Inc
Bank Accounts -Bank of America	Advantage Restoration, Inc

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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
Cogent Bank	300 International Parkway Suite 330, Lake Mary, FL 32746
Wells Fargo	PO Box 1411 Des Moines, IA 50306
Suncoast Credit Union	PO Box 11904 Tampa, FL 33680
Ford Credit	PO Box 650574. Dallas, TX 75265
Small Business Administration	409 3rd Street SW Washington, DC 20416
Capital One	6125 Lakeview Rd. Suite 800 Charlotte, NC 28269
Lowes	PO Box 530914 Atlanta, GA 30353

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

Jason Michael Jones

Digitally signed: **02/17/2025**

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