2024 Form 1 - Statement of Financial Interests

Filed with COE: 05/02/2025

General Information

Name: Jessica Finch

PID 274047

AGENCY INFORMATION

Organization	Suborganization	Title
Welaka	Mayor And Town Council	Council President

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
Suwannee Valley Resort	786 NW Stephen Foster Drive, White Springs, FL 32096	mortgage held
St. Johns Riverkeeper	2800 University Blvd N, Jacksonville, FL	Non profit dedicated to protecting the health of the St. Johns River

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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
3007 Elm Street, Welaka, FL 32193

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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
Cash	Raymond James
Cash Alternatives	Raymond James
Mutual Funds	EGFIX
Mutual Funds	BSIIX
Mutual Funds	RAPIX
Mutual Funds	ESIIX
Mutual Funds	GSINX
Mutual Funds	HABDX
Mutual Funds	IDHIX
Mutual Funds	RPIEX
Mutual Funds	ALHYX
Exchange Traded Products	GSLC
Exchange Traded Products	TLT
Exchange Traded Products	CALF
Exchange Traded Products	COWZ
Exchange Traded Products	MOAT
Exchange Traded Products	SDVY
Exchange Traded Products	SYFI
Bank Account	Vystar Credit Union
Bank Account	TD

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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

Jessica Finch

Digitally signed: **05/02/2025**

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