

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Jodi Wilkeson

MAILING ADDRESS :

5816 18th Street

CITY :

Zephyrhills, FL

ZIP :

33542

COUNTY :

Pasco

NAME OF AGENCY :

City of Zephyrhills

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Council, Seat 3

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE



\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (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
WDA Design Group, Inc.	16057 Tampa Palms Blvd W #160, Tampa, FL 33647	Architecture/Interiors Firm

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (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
WDA Design Group, Inc.	HR of Sarasota LTD	17 Davis Blvd Tampa, FL 33606	Real Estate Holding Co.
WDA Design Group, Inc.	Pasadena Med Plz SSJ LTD	3310 West End Av, Nashville, TN <sup>37103</sup>	Real Estate Holding Co.
WDA Design Group, Inc.	GC Brandon, LLC	9600 NW 25th St Suite 2A, Doral, FL <sup>33172</sup>	Real Estate Holding Co.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

See attached Exhibit A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stock - 100% ownership in S Corp	WDA Design Group, Incorporated

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo Home Mortgage Corp.	P. O. Box 14411 Des Moines, IA 50306
Wells Fargo Bank, N.A.	P. O. Box 10378, Des Moines, IA 50306

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	WDA Design Group, Incorporated	
ADDRESS OF BUSINESS ENTITY	16057 Tampa Palms Blvd West #160, Tampa, FL 33647	
PRINCIPAL BUSINESS ACTIVITY	Architecture & Interior Design Firm	
POSITION HELD WITH ENTITY	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes, 100%	
NATURE OF MY OWNERSHIP INTEREST	Sole Shareholder	

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:

02/09/2021

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the Instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.

**Exhibit A**

**Form 1  
Statement of Financial Interests  
As of December 31, 2020**

**Jodi Wilkeson  
Zephyrhills City Council  
5816 18<sup>th</sup> Street  
Zephyrhills, FL 33542**

**Part C – Real Property (\*Joint Ownership with spouse)**

Primary Residence – 5816 18<sup>th</sup> Street, Zephyrhills, FL 33542\*  
Investment Property – 5812 11<sup>th</sup> Street, Zephyrhills, FL 33542\*  
Investment Property – 5700 18<sup>th</sup> Street, Zephyrhills, FL 33542\*  
Investment Property – 38834 11<sup>th</sup> Avenue, Zephyrhills, FL 33542  
Investment Property – 5821 18<sup>th</sup> Street, Zephyrhills, FL 33542\*  
Unimproved Vacant Lots – 27399 & 27405 Monte Cristo Blvd, Punta Gorda, FL\*