Filed with COE: 05/15/2024

**General Information** 

Name:

Mr Jon DePreter (Ret)

Address:

73 Magnolia Dr, St Augustine, FL 32080

PID 276236

County:

Saint Johns

AGENCY INFORMATION

Organization

Suborganization

Title

St. Augustine

**Planning And Zoning Board** 

**CANDIDATE FOR** 

**Position** 

**Agency Name** 

Position sought or held

City, Town or Village (Commission or

Council), Governing Board

CITY OF ST. AUGUSTINE, CITY COMMISSION

SEAT 1

#### **Net Worth**

My Net Worth as of May 15, 2024 was \$ 1,730,364.00.

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#### **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 \$38,500.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
HOUSE 73 MAGNOLIA DR, ST. AUGUSTINE,FL 32080	\$ 676,204.00
STOCKS (FIDELITY INVESTMENTS)	\$ 615,425.00
BONDS (FIDELITY INVESTMENTS)	\$ 373,290.00
SHORT TERM/CASH (FIDELITY INVESTMENTS)	\$ 20,178.00
BANK ACCT. (WELLS FARGO)	\$ 12,672.00

#### Liabilities

#### LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
WELLS FARGO	200 PLANTATION ISLAND DRIVE, ST. AUGUSTINE, FL 32080	\$ 5,905.00

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

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Income						
Identify each separate source an income. Or attach a complete conclude redact any social security posted to the Commission's web	opy of your 202 or account nu	23 federal incom	e tax return, including all \	W2s, schedules,	and attachments.	
I elect to file a copy of my 20	23 federal inco	ome tax return a	nd all W2s, schedules, and	attachments.		
PRIMARY SOURCES OF INCOME:						
Name of Source of Income Exceeding \$1,000		Address of So	Amount			
SOCIAL SECURITY		FEDERAL GOV	\$ 11,856.00			
FIDELITY INVESTMENTS (INVESTMENT DISTRIBUTION)		4671 TOWN CENTER PKWY. JACKSONVILLE, FL 32246			\$ 12,000.00	
FIDELITY INVESTMENTS (ANNUITY)		4671 TOWN CENTER PKWY., JACKSONVILLE, FL 32246			\$ 10,812.00	
Name of Business Entity	Name of Major Sources of Business' Income		Address of Source	Principa	cipal Business rity of Source	
N/A						
Interests in Specified Bu	usinesses					
Dusings Fraid. #4		····				
Business Entity # 1 N/A			<del></del>			
IV/A			<del>-</del>			
				·	·····	

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### **Training**

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you 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.

# Jon DePreter (Ret)

Digitally signed: 05/15/2024

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