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2024 Form 6 - Full and Public Disclosure of Financial Interests

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General Information

HAND DELIVERED

DIVISION OF ELECTIONS
TALLAHASSEE, FL

Name: Jamie Lee Wells

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Representative	Florida House of Representatives	State Representative, District 3, circuit 1

Net Worth

My Net Worth as of December 31, 2024 was \$ 75,984.00

For Official Purposes Only

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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 \$ 118,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home Residence	\$ 328,000.00
Bank Account	\$ 1,500.00
Guns	\$ 4,255.00
Paintings	\$ 18,000.00
Furniture	\$ 20,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
General Motors Finance	4001 Embarcadero Dr. Arlington, TX 76014	\$ 41,158.00
Navy Federal Credit Union	820 Follin Lane SE, Vienna, CA 22180-4907	\$ 26,965.00
NFCU Credit Card	820 Follin Lane SE, Vienna, VA	\$ 3,366.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2024 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
DFAS Retirement	8899 E 56th St., Indianapolis, IN 46249	\$ 41,364.00
DFAS Disability	8899 E 56th St. Indianapolis, IN 46249	\$ 47,688.00
Social Security	411 W Gardden St., Pensacola, FL 32502	\$ 43,752.00
Local Boyz Hawaiian Shave Ice LLC	5445 Merlin Way, Milton, FL 32583	\$ 4,000.00

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 6 and that the facts stated in it are true.

Jamie Lee Wells

Digitally signed: 01/29/2025

For Qualifying
Purposes Only