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State of Florida  
COMMISSION ON ETHICS  
P.O. Drawer 15709  
Tallahassee, Florida 32317-5709

325 John Knox Road  
Building E, Suite 200  
Tallahassee, Florida 32303

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2026 MAY 27 PM 1:16  
DIVISION OF ELECTIONS  
TALLAHASSEE, FL

Kerrie J. Stillman  
*Executive Director*

Steven J. Zuilkowski  
*Deputy Executive Director/  
General Counsel*

(850) 488-7864 Phone  
(850) 488-3077 (FAX)  
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*"A Public Office is a Public Trust"*

### VERIFICATION AND RECEIPT OF SUBMISSION TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM

This Verification and Receipt of Submission acknowledges that the Commission on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Mr Jason Paul Smith  
Filer PID #: 311368

Date Filed: 5/26/2026  
Disclosure Received: 2025 Full and Public Disclosure of Financial Interests  
Filing ID: 1066858

Receipt Print Date: 5/26/2026

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

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2025 Form 6 - Full and Public Disclosure of Financial Interests

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Filed with COE: 05/26/2026

**General Information**

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

Name: Mr Jason Paul Smith

PID 311368

**AGENCY INFORMATION**

| Organization | Suborganization | Title        |
|--------------|-----------------|--------------|
| Cooper City  | City Commission | Commissioner |

**CANDIDATE FOR**

| Position             | Agency Name                      | Position sought or held |
|----------------------|----------------------------------|-------------------------|
| State Representative | Florida House of Representatives | District 102            |

**Net Worth**

My Net Worth as of December 31, 2025 was \$ 971,000.00.

**2025 Form 6 - Full and Public Disclosure of Financial Interests**

Filed with COE: 05/26/2026

**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.

The aggregate value of my household goods and personal effect is \$ 75,000.00.

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

| Description of Asset                           | Value of Asset |
|------------------------------------------------|----------------|
| 10438 sw 49 place Cooper City, FL 33328 (Home) | \$ 768,532.00  |
| Bank Account (Chase)                           | \$ 5,000.00    |
| FRS (Defined Benefit Plan)                     | \$ 800,000.00  |
| Florida Prepaid                                | \$ 22,587.37   |
| Bank Account (Bank of America)                 | \$ 10,000.00   |
| Stock (AMZN)                                   | \$ 1,990.53    |
| Stock (Googl)                                  | \$ 2,362.08    |
| Crypto (XRP)                                   | \$ 1,540.00    |
| Crypto (BTC)                                   | \$ 1,833.00    |
| Mission Square (401K-Not Self Directed)        | \$ 11,421.00   |
| Nationwide Trust Co (457-Not Self Directed)    | \$ 206,984.00  |
| Voya (IRA-Not Self Directed)                   | \$ 21,914.00   |

**2025 Form 6 - Full and Public Disclosure of Financial Interests**

Filed with COE: 05/26/2026

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor                         | Address of Creditor                             | Amount of Liability |
|------------------------------------------|-------------------------------------------------|---------------------|
| MOHELA                                   | 633 Spirit Drive, Chesterfield, MO 63005        | \$ 28,000.00        |
| Rocket Mortgage                          | 1050 Woodward Ave., Detroit, MI 48226           | \$ 286,315.80       |
| Miami Fire Fighters Federal Credit Union | 1111 NW 7th St. Miami, FL 33136                 | \$ 32,368.91        |
| Chase Bank                               | 700 Kansas Lane, Monroe, LA 71203               | \$ 80,000.00        |
| US Alliance Financial                    | 411 Theodore Fremd Ave, Suite 350 Rye, NY 10580 | \$ 8,255.80         |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

## 2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/26/2026

### 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 2025 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 2025 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        |
|--------------------------------------------|------------------------------------------------|---------------|
| City of Cooper City                        | 9090 SW 50th PL Cooper City FL 33328           | \$ 40,743.65  |
| Broward Sheriff Office                     | 2601 W. Broward Blvd. Fort Lauderdale FL 33316 | \$ 170,575.53 |
| American Medical Academy                   | 12215 SW 112 St. Miami FL 33186                | \$ 40,040.00  |
| Kellyday Services                          | 10438 S.W. 49 PL Cooper City FL 33328          | \$ 70,309.02  |

#### 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 |
|-------------------------|-------------------------------------------|------------------------------------------|---------------------------------------|
| Kellyday Services       | Nationwide Health North LLC               | 1000 W. McNab Rd. Pompano Beach FL 33069 | Education/Training                    |
| Nationwide Health North | AHA Instructors                           | 1000 W. McNab Rd. Pompano Beach FL 33069 | Education/Training                    |

### Interests in Specified Businesses

|                            |
|----------------------------|
| <b>Business Entity # 1</b> |
| N/A                        |

**Training**

This section applies only to a Constitutional or elected municipal officer, 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.

**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.

***Jason Paul Smith***

Digitally signed: 05/26/2026

Filed with COE: 05/26/2026