

2025 Form 6 - Full and Public Disclosure of Financial Interests

General Information		
Name:	Ms Jacquelyn J Randall	
Organization	Suborganization	Title
N/A		
CANDIDATE FOR		
Position	Agency Name	Position sought or held
State Representative	Florida House district 21	State representative district 21

Net Worth
My Net Worth as of <u>December 31, 2025</u> was <u>\$ 67,213.00</u> .

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 <u>\$ 20,000.00</u> .	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	
Description of Asset	Value of Asset
Retirement date fund	\$ 3,000.00
Real property	\$ 286,400.00

2025 Form 6 - Full and Public Disclosure of Financial Interests

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Radiant credit u	4440 NW 25th pl Gainesville fl 32606	\$ 60,000.00
Radiant credit union	4440 NW 25th pl Gainesville fl 32606	\$ 34,000.00
MOHELA	633 spirit dr chesterfield MO 63005	\$ 148,187.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

For Quality
purposes Only

2025 Form 6 - Full and Public Disclosure of Financial Interests

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
Florida hospital Ocala inc	1500 sw 1st ave Ocala Fl 34471	\$ 62,089.00
City of Hawthorn	Po box 1270 Hawthorne fl 32640	\$ 10,854.00

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.

Jacquelyn J Randall

Digitally signed: 06/09/2026

For Quality
purposes Only