

2024 Form 6 - Full and Public Disclosure of Financial Interests

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Filed with COE: 11/10/2025

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General Information

Name: Mr Jonathan Maples

PID 273608

AGENCY INFORMATION

Organization	Suborganization	Title
Lake Clarke Shores	Mayor And Town Council	Council Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
State Representative	House of Representative, Palm Beach County to Florida House of Representatives	District 87

Net Worth

My Net Worth as of December 31, 2024 was \$ 1,887,333.00.

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 \$ 190,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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Description of Asset	Value of Asset
6401 Travis Rd West Palm Beach, FL 33410	\$ 1,100,000.00
5375 Water Valley Dr Tallahassee, FL 32303	\$ 275,000.00
Maples Investment Trust	\$ 363,410.00
Maples Family Trust 33%	\$ 50,793.00
Vanguard Energy FTF	\$ 7,685.00
Vanguard Information Tech ETF	\$ 18,792.00
Nationwide S&P 500 Index	\$ 6,300.00
Vanguard Health Care	\$ 8,452.00
Wrapped Bitcoin	\$ 17,151.00
Bitcoin	\$ 15,273.00
XRP	\$ 6,696.00
Nvidia Corporation	\$ 17,289.00
Vanguard Small-Cap Index	\$ 22,110.00
Vanguard Mid-Cap Index Fund Institutional	\$ 22,798.00
Dodge & Cox Stock Fund Class X	\$ 18,944.00
Deferred Option Retirement Account	\$ 66,963.00
Index 500 Blackrock	\$ 21,862.00
American Mutual Fund	\$ 11,649.00
Capital World Growth & Income	\$ 3,824.00
Small Cap World Fund	\$ 3,267.00
Navy Federal checking	\$ 71,936.00
PNC Bank checking	\$ 36,279.00
Campaign Loan	\$ 15,000.00

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Navy Federal Bank	P.O. Box 3000 Merrifield, VA 22119-3000	\$ 449,998.00

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
Zabella Group Homes LLC	5375 Water Valley Dr. Tallahassee, FL 32303	\$ 26,400.00
Northwestern Mutual Wealth Management Company	3300 PGA Blvd Ste 400 Palm Beach Gardens, FL 33410	\$ 51,000.00
Northwestern Mutual Life Insurance Company	3300 PGA Blvd Ste 400 Palm Beach Gardens, FL 33410	\$ 179,619.00
Lake Clarke Shores Town Council	1701 Barbados Road Lake Clarke Shores, FL 33406	\$ 1,200.00
Massachusetts Mutual Life Insurance Company	1295 State Street Springfield, MA 01111	\$ 10,006.05
Ash Brokerage LLC	1445 Ross Avenue, Dallas, TX 75202	\$ 2,765.00
American National Insurance Company	1 Moody Plaza, Galveston, TX 77550	\$ 7,767.00

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

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.

Jonathan Maples

Digitally signed: 11/10/2025

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