2024 Form 1 - Statement of Financial Interests

Filed with COE: 05/27/2025

General Information

Name: Michael Mannino

PID 271004

AGENCY INFORMATION

Organization	Suborganization	Title
Clearwater	City Council	
Clearwater Community Redevelopment Agency	CRA Board	Trustee

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Wix.com Ltd	100 Gansevoort St. New York, NY 10014	Marketing
Clearwater Chargers Soccer Club Inc	P.O. Boxing 7963	Coaching
See Attached		

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
N/A	

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, 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.

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Signature of Filer

Michael Mannino

Digitally signed: **05/27/2025**

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☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	FILER'S TIN	OMB No. 1545-2205	Payment Card and Third Party Network Transactions
Wix.com Ltd. 100 Gansevoort St New York, NY 10014 +18006000949	98-0685109 PAYEE'S TIN [redacted]	Form **1099-K** (Rev. March 2024) For calendar year 2024	
	1a Gross amount of payment card/third party network transactions $ 13,510.97		
	1b Card Not Present transactions $ 13,510.97	2 Merchant category code 5399	**Copy B** **For Payee**
Check to indicate if FILER is a (an): Payment settlement entity (PSE) ☐ Electronic Payment Facilitator (EPF)/Other third party ☒ Check to indicate transactions reported are: Payment card ☐ Third party network ☒	3 Number of payment transactions 206	4 Federal income tax withheld $ 0.00	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
PAYEE'S name Michael Robert Mannino	5a January $3,214.43	5b February $5,987.61	
Street address (including apt. no.) Sedeeva Circle S. 1212	5c March $4,308.93	5d April $0.00	
	5e May $0.00	5f June $0.00	
City or town, state or province, country, and ZIP or foreign postal code Clearwater, FL 33755	5g July $0.00	5h August $0.00	
	5i September $0.00	5j October $0.00	
PSE'S name and telephone number Stripe Inc. +18889638955	5k November $0.00	5l December $0.00	
Account number (see instructions) [redacted]	6 State FL	7 State identification no.	8 State income tax withheld $ 0.00 $

[redacted] rm **1099-K** (Rev. 3-2024) (Keep for your records) www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116 Form **1099-NEC** (Rev. January 2024) For calendar year 2024	**Nonemployee Compensation**
28240055 CHARGERS SOCCER CLUB INC (727)313-8788 PO BOX 7963 CLEARWATER FL 33758			
PAYER'S TIN 59-2210194	RECIPIENT'S TIN [redacted]	1 Nonemployee compensation $ 8000.00	**Copy 2** **To be filed with recipient's state income tax return, when required.**
RECIPIENT'S name MICHAEL MANNINO		2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	
Street address (including apt. no.) 1212 SEDEEVA CIRCLE SOUTH		3	
City or town, state or province, country, and ZIP or foreign postal code CLEARWATER FL 33755-1423		4 Federal income tax withheld $	
Account number (see instructions) [redacted]		5 State tax withheld $ $	6 State/Payer's state no. FL	7 State income $ $

Form **1099-NEC** (Rev. 1-2024) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service