2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/05/2026

General Information

Name: Mr David Tagliarini

PID 299693

AGENCY INFORMATION

Organization	Suborganization	Title
Madeira Beach	City Commission	Commissioner District 1

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
Social Security	30 Dr. M.L.K. Jr St S, St. Petersburg, FL 33701	Social Security Payments
Florida Retirement System Pension	P.O. Box 9000, Tallahassee, FL 32315-9000	Pension Benefit Payments
American Federation of Musicians Pension	PO Box 2673 New York, NY 10117-0262	Pension Benefit Payments

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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
2116 W. Virginia Ave. Tampa, FL. 33607

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
IRA Account - ASPire MGTrust	Aspire
IRA Roth Account - ASPire MG Trust	Aspire
INH IRA from IRA 503 Alliance IRA	Schwab
318 Alliance Brokerage	Schwab
Chase Bank	Chase Bank

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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

David Tagliarini

Digitally signed: **06/05/2026**

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