2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/02/2025

General Information

Name: Mr Robert Steve Branham

PID 256953

AGENCY INFORMATION

Organization	Suborganization	Title
Longboat Key	Consolidated Retirement System Bd of Trustees	Board Member-Seat 1
Longboat Key	Mayor And Town Commission	Town Commissioner, District At-Large

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**
Military retirement	USCG Pay Center 444 Quincy St, Topeka, KS 66683	United States Coast Guard
Sotheby's Premier International Realty	517 Bay Isles Pkwy, Longboat Key, FL 34228	Real Estate Brokerage

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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
2600 Harbourside Drive, N-12 Longboat Key, FL 34228

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

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Filer

Robert Steve Branham

Digitally signed: **06/02/2025**

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