2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/02/2025

General Information

Name: Christopher Ryan Creech

PID 292926

AGENCY INFORMATION

Organization	Suborganization	Title
Umatilla	Mayor And City Council	Vice Mayor

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
RCM Utilities	1451 Pine Grove Rd	Water / Sewer Specialty Contractor
Bates Insurance Group	419 Grove Street	Insurance Office

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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
Lake County Parcel ID# 1066301
Lake County Parcel ID# 1412650
Lake County Parcel ID# 1066271
Lake County Parcel ID# 2759607
Lake County Parcel ID# 1130573
Lake County Parcel ID# 1125243
Lake County Parcel ID# 1816581
Lake County Parcel ID# 1428360
Lake County Parcel ID# 1428386

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
Simple IRA Retirement Account	RCM Utilities

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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
Citizens First Bank	3430 Southern Trace

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	
Name of Business Entity	Bates Insurance Group
Address of Business Entity	419 N. Grove St.
Principal Business Activity	P&C Insurance Agency
Postion Held with Entity	Owner
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	silent

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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.

Signature of Filer

Christopher Ryan Creech

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

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