2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/06/2025

General Information

Name: Ms Mary Molina-Macfie

PID 275634

AGENCY INFORMATION

Organization	Suborganization	Title
City Of Weston	City Commission	Commissioner

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
Robert Macfie	5500 SW 195th Terrace SW Ranches Fl 33332	Husband
Rental property	446 Lakeview Dr., #4 weston FL 33326	Rental
Compass Realty	2500 Weston Rd., Weston, FL 33326	Broker
Charles Schwab	200 S 108th Ave Omaha NE 68154	Stocks
property	631 Bedford Way Weston, FL 33326	Rental

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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
230 Lakeview Dr., Apt. 102 weston FL 33326
631 Bedford Way Weston, FL 33326
5500 SW. 195th Terrace Southwest Ranches FL 33332
446 Lakeview Dr., #4, Weston, FL 33326

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	Edward James

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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

Mary Molina-Macfie

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

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