2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/18/2025

General Information

Name: Mrs Leslie Waters

PID 230014

AGENCY INFORMATION

Organization	Suborganization	Title
Seminole	Mayor And City Council	Mayor

Disclosure Period

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

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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 Benefits	Social Security Adminstration	Retirement Benefits
Northern Trust Company Pension	50 S La Salle St. WB-38 Chicago, IL 60603	Pension Distributions
Nationwide Retirement Solutions	PO Box 182797 Columbus, OH 43218	Pension Distributions
Alight Solutions BPs	PO Box 1495 Lincolnshire, IL 60069-1495	Pension Distributions
Everlake Life Ins Company	PO Box 660191 Dallas, TX 75266-0191	IRA Distributions
Everlake Life Ins Company	PO Box 660191 Dallas, TX 75266-0191	IRA Distributions
Merrill Lynch	PO Box 2150 Lakewood NJ, 08701-8150	IRA Distributions
Merrill Lynch	1500 American Blvd. Pennington, NJ 08534-4129	Interest Income
Merrill Lynch	1500 American Blvd. Pennington, NJ 08534-4129	Dividend Income
Bank of America	PO Box 15293 Wilmington, DE 19850-5293	Interest Income
Truist Bank	PO Box 819 Wilson, NC 27894-0819	Interest Income

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			

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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
Cash, Money Market, Fixed Income, Equities, Mutual Funds	Merrill Lynch
IRA	Merrill Lynch
IRA	Everlake Life Insurance
IRA	Everlake Life Insurance
Pension	Nationwide Retirement
Pension	Alight Solutions
Cash Checking & Savings	Bank of America
Cash, Checking & Savings	Truist Bank

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	

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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.

Signature of Filer

Leslie Waters

Digitally signed: **06/18/2025**

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