2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/15/2025

General Information

Name: Mrs Lisa Hendrickson

CONFIDENTIAL

PID 205544

AGENCY INFORMATION

Organization	Suborganization	Title
Department Of Veterans' Affairs	Employees	Human Resources Manager
Redington Shores	Mayor And Town Commissioners	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
Salem Trust	1715 N. Westshore Blvd. #750 Tampa, FL 33607	Retirement Disbursement
University of South Florida	4202 E. Fowler Ave Tampa, FL 33620	College of Education
Southern New Hampshire University	2500 North River Road Manchester, NH 03106	College of Education
Town of Redington Shores	17425 Gulf Blvd. Redington Shores , Florida 33708	Local Government
Department of Veterans Affairs	11351 Ulmerton Rd Suite 311-K, Largo, FL 33778	State Government

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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
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
457 Plan	Nationwide
457 Plan	Mission Square
Achieva	Achieva Credit Union
5/3 Bank	Hendrickson Consulting, LLC

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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
Achieva	PO Box 1500 Dunedin, FL 34697
U.S. Department of Education	400 Maryland Ave. SW, Washington, DC, 20002

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

Lisa Hendrickson

Digitally signed: **06/15/2025**

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