2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/16/2025

General Information

Name: Mr Michael P Howard

CONFIDENTIAL

PID 308670

AGENCY INFORMATION

Organization	Suborganization	Title
Indian Shores	Mayor And Town Council	Council Member

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
Pension	411 N. N. Franklin St. Tampa, Fl 33602	City of Tampa Police Pension
Salary	19305 Gulf Blvd Indian Shores, Fl. 33786	Town Council Salary
Pension	P.O. Box 45, Boyers, PA 16017-0045	US Government Pension/Annuity

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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
Rental Income	Flip Flop Folio, LLC	18399 Gulf Blvd Indian Shores, Fl 33785	Rental Income

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
Vacant land- {REDACTED}
Vacant land- {REDACTED}
Vacant land- {REDACTED}

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	Thrift Savings Accout (TSP) US Government
401K	Charles Schwab

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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
Wells Fargo	420 Montgomery Street, San Francisco, California 94163
GM Financial	P.O. Box 736313 Dallas, TA 75373

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

Michael P Howard

Digitally signed: **06/16/2025**

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