2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/23/2025

General Information

Name: Mr Bryan L Griffin

PID 317259

AGENCY INFORMATION

Organization	Suborganization	Title
Valparaiso	Mayor And City Commission	City 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
OKALOOSA COUNTY SCHOOL DISTRICT	202 A HIGHWAY 85 NORTH NICEVILLE FL 32578	SITE BASED TECHNICIAN
See Attached		

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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
N/A	

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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

Bryan L Griffin

Digitally signed: **06/23/2025**

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Department of the Treasury—Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	34,238.54	583.90
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	35,282.00	2,187.51
	5 Medicare wages and tips	6 Medicare tax withheld
	35,282.00	511.55

c Employer's name, address and ZIP code

SCHOOL DISTRICT OF OKALOOSA COUNTY
202 A HIGHWAY 85 N
NICEVILLE, FL 32578

7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
0.00		0.00
12b	12c	12d
0.00	0.00	0.00

b Employer identification number (EIN) [redacted]

e Employee's social security number [redacted]

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		FRS: 1,043.46

e Employee's name, address and ZIP code

BRYAN L GRIFFIN
336 LINCOLN AVE
VALPARAISO, FL 32580

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

15 State	Employer's state ID No.	16 State wages, tips, etc.
17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

2024

Form **W-2** Wage and Tax Statement

Copy C-For EMPLOYEE'S RECORDS
(See *Notice to Employee* on the back of Copy B).