2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/21/2025

General Information

Name: Mrs Laura Anne Driver

PID 233647

AGENCY INFORMATION

Organization	Suborganization	Title
Cinco Bayou	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
Just Think Cake LLC	2 David St. Unit D FWB, FL 32547	Bakery/Retail Store
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
Eglin Federal Credit Union	Personal Bank Account
Navy Federal	Husbands Bank Account

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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

Laura Driver

Digitally signed: **06/21/2025**

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OMB# 1545-0008

COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation	2 Federal income tax withheld
5873.50	184.28
3 Social security wages	**4** Social security tax withheld
5873.50	364.16
a Employee's social security number [redacted]	**5** Medicare wages and tips
	5873.50
	6 Medicare tax withheld
	85.17

c Employer's name, address, and ZIP code
JUST THINK CAKE, LLC
2 DAVID ST UNIT D
FORT WALTON BEACH FL 32547

e Employee's name
LAURA A DRIVER
137 OPP BLVD NE
FORT WALTON BEACH FL 32548

f Employee's address and ZIP code	**9**	**12a** $
b Employer identification number (EIN) 27-4605321	**10** Dependent care benefits	**12b** $
7 Social security tips	**11** Nonqualified plans	**12c** $
8 Allocated tips	**14** Other	**12d** $
13 Statutory employee / Retirement plan / Third-party sick pay		**12e** $

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax
18 Local wages, tips, etc.		**19** Local income tax	**20** Locality name

Form W-2 Wage and Tax Statement **2024** Department of the Treasury-Internal Revenue Service