Filed with COE: 06/23/2025

General Information

Name: Com Henry Mead

PID 286867

AGENCY INFORMATION

Organization	Suborganization	Title
City Of Weston	City Commission	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
Social Security Admin	1300D St SW Washington DC 20024	Disperse Social Security Funds
H&G Investments	1092 Smoke Tree Court Weston FL 33326	Housing Rental
Smoke Tree Investments	1092 Smoke Tree Court Weston Fl 33326	Housing Rental

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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
H&G Investments	Renters	1092 Smoke Tree Court Weston Fl 33326	Housing Rental
Smoke Tree Investments	Renters	1092 Smoke Tree Court Weston Fl 33326	Housing Rental

Real Property

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

Location/Description
143 NE Lobster Road Port St Lucie FL
524 SW Ester Ave Port St Lucie FL
693 SW Heather St Port St Lucie FL
2534 SW Cooper Lane Port St Lucie FL
3441 SW Esperanto St Port St Lucie FL
862 SW Amethyst Terrace Port St Lucie Fl
5836 NW Lomb Court Port St Lucie FL

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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
Inherited IRA	Inheritance
Annuity	Savings
Roth IRA	Savings

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

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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

Henry Mead

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

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