2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/24/2025

General Information

Name: Mr Noel A. Chandler

PID 20906

AGENCY INFORMATION

Organization	Suborganization	Title
Central Fla. Reg. Planning Council	Council Board	City of Okeechobee City Commissioner
Okeechobee	Mayor And City Council	City 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
PRINCIPAL LIFE INS CO	711 HIGH STREET, DES MOINES, IA	PENSION DISTRIBUTION
US SOCIAL SECURITY ADM.	1200 REV. A. WOODS BLVD.,BIRMINGHAM, AL	PAYMENT OF SOCIAL SECURITY
US DEPT OF VETERANS AFFAIRS	PO BOX 1437, ST.PETERSBURG, FL	VETERANS PENSION

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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
1ST ADDITION TO CITY OF OKEECHOBEE, LOTS 2, 3, 4, 505 SW 10TH STREET, OKEECHOBEE FLORIDA 34974

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
BANK CHECKING AND SAVINGS ACCOUNTS	SOUTHSTATE BANK, 2100 S. PARROTT AVE, OKEECHOBEE, FL 34974

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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
MIDFLORIDA CREDIT UNION	PO BOX 8008, LAKELAND FL 33802

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

Noel A. Chandler

Digitally signed: **06/24/2025**

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