2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/24/2025

General Information

Name: Mr John Charles Herbst

PID 299248

AGENCY INFORMATION

Organization	Suborganization	Title
Fort Lauderdale	Community Redevelopment Agency	City Commissioner District 1
Fort Lauderdale	Mayor And City Commission	City Commissioner District 1

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
City of Fort Lauderdale General Employees Pension	PO Box 94717, Cleveland OH 044101	Pension Plan
Merrill Lynch	1500 American Blvd, Pennington NJ 08534	Brokerage Firm-Investment Returns

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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
Lake June Consulting LLC	Florida State FOP	255 Riverton Shops Dr, St 102, PMB 127, St John's County FL 33852	Consulting

Real Property

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

Location/Description
1130 Lake June Rd, Lake Placid, FL 33021

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
Mutual Fund	Corebridge (Valic)
Mutual Fund	Mission Square (ICMA)
ETF	Vanguard
ETF	Merrill Lynch
Preferred Stock	HIG Investment Group, A Series of CGF2021 LLC
Saving Account	Marcus
Checking Account	Bank of America
Life Insurance Policy	Riversource Insurance

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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
Bank of America Mortgage	PO Box 31785, Tampa FL 33631
Chase Mortgage	PO Box 78420, Phoenix AZ 85062

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

John Charles Herbst

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

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