2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/27/2025

General Information

Name: Sean Swauger

PID 292479

AGENCY INFORMATION

Organization	Suborganization	Title
Oldsmar	Board Of Adjustment	Alternate Board Member
Oldsmar	Mayor And City 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
Capstone Tropical Holdings, Inc	7916 Evolutions Way Ste 210 Trinity, FL 34655	Real Estate

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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
.94 ac at intersection of Federal St and St Pete Dr Oldsmar, FL
939 Celtic Cir Tarpon Springs, FL 34689

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 Accounts	Regions Bank
Mutual Funds	Vanguard 500 Index
Annuities	Athena

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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
Newrez LLC	1100 Virginia Drive, Suite 125 Fort Washington PA 19034
Third Federal	7007 Broadway Ave. Cleveland, OH 44105
Truist Bank	214 N Tryon St Charlotte, NC 28202

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

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Filer

Sean Swauger

Digitally signed: **06/27/2025**

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