2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Mr Bill Carlson

PID 282989

AGENCY INFORMATION

Organization	Suborganization	Title
Tampa	Mayor And City Council	Councilmember - District 4

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
TUCKER HALL INC	1308 EAST 7TH AVE, TAMPA, FL 33605	PUBLIC RELATIONS
CITY OF TAMPA	306 E JACKSON ST, TAMPA, FL 33602	CITY COUNCIL

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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
TUCKER HALL INC	ORLANDO HEALTH	1414 KUHL AVENUE MP 56, ORLANDO, FL 32806	HEALTHCARE
TUCKER HALL INC	PARKVIEW HEALTH	PO BOX 31355, SALT LAKE CITY, UT 84131	HEALTHCARE

Real Property

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

Location/Description
2919 W HAWTHORNE ROAD, TAMPA, FL
210 ST GEORGE ST UNIT 35, ST AUGUSTINE, 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
COMMON STOCK	TUCKER HALL INC
TUITION SAVINGS ACCOUNT	FLORIDA PREPAID
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529 SAVINGS PLAN	JOHN HANCOCK
Investment	Etrade
VACATION CLUB MEMBERSHIP	DISNEY VACATION CLUB
IRA	CAMBRIDGE INVESTMENTS
529 SAVINGS PLAN	JOHN HANCOCK
529 SAVINGS PLAN	JOHN HANCOCK

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
PENNYMAC MORTGAGE	PO BOX 30597, LOS ANGELES, CA 90030
CENLAR	425 PHILLIPS BLVD, EWING TOWNSHIP, NJ 08618
PENFED CREDIT UNION	PO BOX 1432, ALEXANDRIA, VA 22313
BANK OF AMERICA	P.O. Box 17237 Wilmington DE 19886-723

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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.

Signature of Filer

Bill Carlson

Digitally signed: **06/30/2025**

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