2024 Form 1 - Statement of Financial Interests

Filed with COE: 07/01/2025

General Information

Name: Leo E Longworth

PID 24446

AGENCY INFORMATION

Organization	Suborganization	Title
Bartow	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
State Farm Insurance Agency	1610 N Broadway Avenue, Bartow, FL 33830	Insurance Sales

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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
1025 Magnolia Street - Bartow, FL
1005 Magnolia Street - Bartow, FL
840 3rd Avenue - Bartow, FL
850 3rd Avenue - Bartow, FL
846 7th Avenue - Bartow, FL
865 7th Avenue - Bartow, FL
820 6th Avenue - Bartow, FL
530 4th Avenue - Bartow, FL
1305 Magnolia Street - Bartow, FL
2250 Ken Riley Way - Bartow, FL
2290 Ken Riley Way - Bartow, FL
995 Magnolia Street - Bartow, FL
1610-1650 N Broadway Avenue - Bartow, FL
3359 North Avenue - Bartow, FL
591 Harding Avenue - Bartow, 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
CD	Mid Florida FCU
CD	USBank
401K	Leo E Longworth, Agent, State Farm

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

Leo E Longworth

Digitally signed: **07/01/2025**

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