2024 Form 1 - Statement of Financial Interests

Filed with COE: 08/06/2025

General Information

Name: Mr Allen E Ward II

PID 249182

AGENCY INFORMATION

Organization	Suborganization	Title
Marianna	Mayor And City Commission	D3 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 of FL	3700 Williams Drive, Marianna, FL 32446	State of FL Retirement
Social Security	Marianna, FL 32446	Social Security
City of Marianna	POB 936, Marianna, FL 32447	City Government

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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
WhitCon Properties, LLC	Rental Property	4472 Putnam Street, Marianna, FL 32446	Rentals

Real Property

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

Location/Description
4598 HIghway 90, Marianna, FL 32446
2915 Jefferson Street, Marianna, FL 32446
4389 Lafayette Street, Marianna, FL 32446
4358 Deering Street, Marianna, FL 32446
9241 Starfish Avenue, Port St. Joe, FL 32456
9110 Auger Avenue, Port St. Joe, FL 32456

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 Account (Hancock Whitney)	Rentals
CD (Jackson Co 1st Credit Union)	Savings

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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
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

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

Allen E Ward II

Digitally signed: **08/06/2025**

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