2025 Form 1 - Statement of Financial Interests

Filed with COE: 01/15/2026

General Information

Name: Scott Black

PID 23559

AGENCY INFORMATION

Organization	Suborganization	Title
Dade City	Mayor & City Commission	Mayor
Pasco County	Metropolitan Planning Organization (MPO)	Vice Chairman
Tampa Bay Regional Planning Council	Council Members	

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City of Dade City	City Commission - Group 1

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

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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
Most Insurance dba Most & Black Agency, InsureOne Insurance Services America/Confie Seguries	14022 Fifth Street - Suite A, Dade City FL 33525	Insurance agency
City of Dade City	PO Box 1355, Dade City FL 33526	Municipality
Florida Municipal Insurance Trust	Florida League of Cities, PO Box 1757, Tallahassee FL 32303	City's appointee - Local government insurance member program
Florida Municipal Investment Trust	Florida League of Cities, PO Box 1757, Tallahassee FL 32303	Florida Municipal Insurance Trust's appointee - Local government investment member program
Florida Municipal Pension Trust Fund	Florida League of Cities, PO Box 1757, Tallahassee FL 32303	City's appointee - Local government pension fund member program

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
34527 Cedarfield Drive, Ridge Manor FL 33523

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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
N/A	

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
San Antonio Citizens Federal Credit Union (Second mortgagee)	PO Box 9, San Antonio FL 33576

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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	
Name of Business Entity	Most Insurance dba Most & Black Agency, InsureOne Insurance Services America/Confie Seguries
Address of Business Entity	14022 Fifth Street - Suite A, Dade City FL 33525
Principal Business Activity	Insurance agency
Postion Held with Entity	Insurance agent/Branch manager
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	Name-only in local location name, but no actual ownership

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

Scott Black

Digitally signed: **01/15/2026**

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