2025 Form 1 - Statement of Financial Interests

Filed with COE: 01/22/2026

General Information

Name: Mr Bernard William Oder

PID 270469

AGENCY INFORMATION

Organization	Suborganization	Title
Mary Esther	Mayor And City Council	Councilmember

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	Mary Esther City Council, Okaloosa Count Florida	Councilmember

Disclosure Period

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

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**
Social Security Administration	600 West Madison St, Chicago, IL 60661	Social Security
Fidelity Investment	PO Box 280003, Albuquerque, NW 87125	Retirement Annunity
Defense Finance & Accounting	PO Box 7130, London, KY 40742	Military Retirement
AXA Equitable Retirement Service	PO Box 1547 Secaucus, NJ 07096	IRA Traditional
City of Mary Esther	195 Christobal Road, Mary Esther, FL 32569	Councilmember Salary

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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
N/A

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
Stock	Royal Caribbean Cruises Ltd Stock

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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
Eglin Federal Credit Union	838 Eglin Parkway NE, Fort Walton Beach, FL 32547

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

Bernard William Oder

Digitally signed: **01/22/2026**

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