2025 Form 1 - Statement of Financial Interests

Filed with COE: 01/27/2026

General Information

Name: Kevin P Putansu

PID 305248

AGENCY INFORMATION

Organization	Suborganization	Title
Micanopy	Mayor And Town Commission	Town Commissioner

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	Town of Micanopy	Commissioner seat 5

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
UF Health Shands Hospital	1600 SW Archer Road Gainesville, FL 32610	Clinical Social Worker

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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
401 Investment	MTR WEST TTL RTRN BOND
401 Investment	VNGRD INDX
401 Investment	VNGRD INFL PRTCT SECRT
401 Investment	VNGRD TTL INTL STCK INDX
401 Investment	LINCOLN STABLE VALUE ACCOUNT -Z239
403B Investment	MTR WEST TTL RTRN BOND
403B Investment	VNGRD INDX
403B Investment	VNGRD INFL PRTCT SECRT
403B Investment	LINCOLN STABLE VALUE ACCOUNT -Z239
Shands Healthcare Pension Plan II	Retirement Growth Account

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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

Kevin P Putansu

Digitally signed: **01/27/2026**

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