# 2025 Form 1 - Statement of Financial Interests

**Filed with COE: 05/05/2026**

## General Information

Name: Mr Jason Paul Smith

**PID 311368**

**AGENCY INFORMATION**

| Organization | Suborganization | Title |
|---|---|---|
| Cooper City | City Commission | Commissioner |

## 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 |
|---|---|---|
| Broward Sheriff Office | 2601 w. Broward Blvd Fort Lauderdale FL 33316 | Fire fighter |
| Kellyday Services | 10438 Sw 49 pl Cooper City Fl 33328 | Training |
| Nationwide Health North | 1000 W. McNab Rd suite 108 Pompano Beach Florida 33069 | Education |
| City of Cooper City | 9090 SW 50th Pl Cooper City, FL 33328 | Commissioner |

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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 |
|---|---|---|---|
| Nationwide Health | Consulting | 1000 w. McNab Rd, Pompano Beach FL 33069 | Teaching |

## 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 |
|---|---|
| Florida Prepaid College Plan | Florida Prepaid |
| Leased Vehicle | Miami Firefighters Federal Credit Union |
| 401A | Mission Square |
| Stock/Mutual Funds | Nationwide Insurance |
| Stock/Mutual Funds | Aspire Finacial |

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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 |
|---|---|
| MOHELA | 633 Spirit Drive, Chesterfield, MO 63005 |
| Rocket Mortgage | 1050 Woodward Ave., Detroit, MI 48226 |
| Miami Firefighters Federal Credit Union | 1111 NW 7th St, Miami, FL 33136 |

## 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

***Jason Paul Smith***

Digitally signed: **05/05/2026**

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