2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/01/2026

General Information

Name: Mr Harold J Grimm

PID 307433

AGENCY INFORMATION

Organization	Suborganization	Title
Orange City	Mayor And City Council	Council Member

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	wilkes barre	retirement
homedepot	atlanta Ga	sales
bakery union	Kensington md	pension
See Attached		

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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
N/A	

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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.

Filed with COE: 06/01/2026

Signature of Filer

Harold J Grimm

Digitally signed: **06/01/2026**

Filed with COE: 06/01/2026

FORM SSA-1099SM - SOCIAL SECURITY BENEFIT STATEMENT

2025

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME
- SEE THE REVERSE FOR MORE INFORMATION

Box 1. Name

HAROLD J GRIMM

Box 2. Beneficiary's Social Security Number

[redacted]

Box 3. Benefits Paid in 2025

$31,068.00

Box 4. Benefits Repaid to SSA in 2025

NONE

Box 5. Net Benefits for 2025 (Box 3 minus Box 4)

$31,068.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit $28,848.00

Medicare part B premiums deducted from your benefits $2,220.00

Total Additions $31,068.00

Benefits for 2025 $31,068.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

HAROLD J GRIMM
2845 STAGS LEAP DRIVE
ORANGE CITY FL 32763-8347

Box 8. Claim Number (Use this number if you need to contact SSA.)

[redacted]

(301) 468-3742

1 Gross distribution: 7332.00	2a Taxable amount: 7332.00
2b Taxable amount not determined ☐ Total distribution ☐	3 Capital gain (included in box 2a): 0.00
4 Federal income tax withheld: 0.00	5 Employee contributions/Designated Roth contributions or insurance premiums: 0.00

PAYER'S name, address, ZIP/postal code, country & phone no.
BAKERY AND CONFECTIONERY UNION AND INDUSTRY INTERNATIONAL PENSION FUN
10401 CONNECTICUT AVE
KENSINGTON MD 20895-3951

PAYER'S TIN: 52-6118572	6 Net unrealized appreciation in employer's securities: 0.00
7 Distrib. code(s): 7 — IRA/SEP/SIMPLE ☐ — 8 Other: 0.00 %	9a Your percentage of total distribution: %
9b Total employee contributions: 0.00	10 Amount allocable to IRR within 5 years: 0.00
11 1st year of desig. Roth contrib.	
12 FATCA filing requirement ☐	13 Date of payment
14 State tax withheld	15 State/Payer's state no.
16 State distribution	

HAROLD J GRIMM
2845 STAGS LEAP DR
ORANGE CITY FL 32763

RECIPIENT'S name, address, ZIP/postal code & country — CORRECTED ☐

RECIPIENT'S TIN [redacted] — Account number (see instructions)

17 Local tax withheld	18 Name of locality	19 Local distribution

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.
OMB No. 1545-0119 — Department of the Treasury – Internal Revenue Service

Form **1099-R** 2025

NTF 2587338 5 4099RPU

DO NOT F

Copy B—To Be Filed With Employee's FEDERAL Tax Return. — OMB No. 1545-0029

a Employee's soc. sec. no. [redacted]	1 Wages, tips, other comp.: 6661.30	2 Federal income tax withheld: 116.08
b Employer ID number (EIN): 58-1853319	3 Social security wages: 8407.51	4 Social security tax withheld: 521.27
	5 Medicare wages and tips: 8407.51	6 Medicare tax withheld: 121.91

c Employer's name, address, and ZIP code
HOME DEPOT U.S.A., INC.
2455 PACES FERRY ROAD B3
Atlanta, GA 30339 4024

d Control number: c.32763-8347

e Employee's name, address, and ZIP code
HARRY J GRIMM
2845 STAGS LEAP DRIVE
ORANGE CITY, FL 32763-8347

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12: D 1746.21
13 Statutory employee ☐	14 Other	12b Code
Retirement plan: X		12c Code
Third-party sick pay ☐		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2025 — Dept. of the Treasury – IRS
This information is being furnished to the Internal Revenue Service.