2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/01/2026

General Information

Name: Hon Lisa Martin

PID 302694

AGENCY INFORMATION

Organization	Suborganization	Title
New Smyrna Beach	City Commission	Commissioner Zone 2
New Smyrna Beach	Community Redevelopment Agency	Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
Mayor for a City, Town or Village - Form 1 (Effective 6/10/2024)	New Smyrna Beach	Commissioner Zone 2

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	Washington DC	Social Security

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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

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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
Shares	Allspring Money Market Fund
Money Market	Wells Fargo
Bank Accounts	Bank Accounts - Wells Fargo
FRS	Florida Retirement System
US Large Cap Equities	alger Spectra fd cl z
US taxable IG Fixed Inc	Victory Pioneer Incm y
US taxable IG Fixed Inc	Eaton Vance Income CL I
High Yield txbl Fixed Inc	SCM TR ICON FLXBLE INSTL
PREFERRED STOCK	PRINCIPAL SPECTRUM PFD I
SPECIALTY ASSET	VICTORY PORT IV CL Y
SPECIALTY ASSET	PGIM SECURITIZED CL Z
SPECIALTY ASSET	VICTORY PORT IV CL Y
SPECIALTY ASSET	MFS DIVERSIFIED IN CL I

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	

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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
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.

Signature of Filer

Lisa Martin

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

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