2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/02/2026

General Information

Name: Mr James W Howard (Ret)

PID 280788

AGENCY INFORMATION

Organization	Suborganization	Title
Town of Beverly Beach	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
Social Security	Old Moultrie Rd. St. Augustine FL. 32086	Social Security Retirement
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Lincoln Annuity	PO Box 2348 Fort Wayne IN. 46801	Insurance
Veterans Benefit	1776 N Williamson Blvd. Daytona Beach FL. 32114	VA Disability
Town of Beverly Beach	2735 N. Ocean Shore Blvd Beverly Beach FL. 32136	Commissioner Stipend

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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
Lincoln Annuity	Insurance Policy
Savings Account	Truist Bank

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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
SBA	14925 Kingsport Rd. Fort Worth Texas 76155

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

James W Howard (Ret)

Digitally signed: **06/02/2026**

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