# 2025 Form 1 - Statement of Financial Interests

**Filed with COE: 06/02/2026**

## General Information

Name: Mr Timothy Everline

**PID 311274**

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|---|---|---|
| Howey-In-The-Hills | Mayor And Town Council | Mayor Pro Tem |

## Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

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## 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 | Social Security Administration | Financial Services |
| OPERS Retirement Payments | Ohio Public Employee Retirement System. 277 East Town St. Columbus, OH. 43215_4642 | Public Employee Retirement Payments |
| Pension Payment | Alright Solutions BPS, LLC Brighthouse Life Insurance. P.O. Box 1409. Lincolnshire, IL. 60069-1405 | Pension Payer |
| Dividends | American Enterprise Investment Services. 10 Ameriprise Financial Center Minneapolis, MN. 55474-9900 | Financial Services |
| Ordinary Dividends | American Enterprise Investment Services 10 Ameriprise Financial Center Minneapolis, MN. 55474-9900 | Financial Services |
| Mayor Pro Tem Pay | Howey In The Hills | Town Government |
| Qualified Dividends | Raymond James & Assoc. | Financial Services |
| Ordinary Dividends | Raymond James & Assoc. | Financial Services |
| Interest | American Enterprise | Financial Services |

## 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 | | | |

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## 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 |
|---|---|
| Stock | Caterpillar, Inc. |
| Stock | Exon Mobil Corporation |
| Stock | Nextra Energy, Inc. |
| Stock | Norfolk Southern |
| Mutual Fund | Fidelity Growth and Income |
| ETF's and Closed Funds | I Shares Gold Trust ETF |
| Stock | Mc Donald's Corporation |
| ETF's and Closed Funds | I Shares Morningstar GRWT |
| ETF's and Closed Funds | I Shares TR US AER DEF ETF |
| ETF's and Closed Funds | I Shares Emerging Markets Ex China ETF |
| ETF's and Closed Funds | SPDR Series Trust S&P Dividends ETF |
| ETF's and Closed Funds | SPDR Financial Select Sector ETF |
| ETF's and Closed Funds | Vanguard FTSE Europe ETF |
| ETF's and Closed Funds | Vanguard Value ETF |
| ETF's and Closed Funds | Vanguard Intermediate Term Treasury Index ETF |
| Rollover IRA | Fidelity Growth and Income |
| Stock | Hubbell, Inc. |
| ETF's and Closed Funds | I Shares Global Health Care |
| ETF's and Closed Funds | SPDR Technology Select Sector ETFr |
| ETF's and Closed Funds | Vanguard 500 Index Fund |

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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

*Timothy Everline*

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

**Filed with COE: 06/02/2026**