2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/04/2026

General Information

Name: Timothy Reed

PID 309565

AGENCY INFORMATION

Organization	Suborganization	Title
Melbourne Beach	Town Commission	Town 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	6401 Security Blvd, Baltimore, MD 21235	Social Security Administration
Pensions (Fidelity)	245 Summer St, Boston, MA 02210	Financial Management
Wells Fargo Advisors	One N Jefferson Ave, St Louis, MO 63103	Financial Management
Capital One	PO Box 85123, Richmond, VA 23285	Banking & Financial Products
Synchrony	PO Box 669802, Dallas, TX 75266	Banking & Financial Products
Town Of Melbourne Beach	507 Ocean Ave, Melbourne Beach, FL, 32951	Salary as Town 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
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
Stocks, Bonds, CDs, Cash	Wells Fargo Advisors
Checking, Savings, CDs	Capital One Bank
Savings, CDs	Synchrony 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
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 Reed

Digitally signed: **06/04/2026**

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