2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/09/2026

General Information

Name: Mr Harold D Briley II

PID 30054

AGENCY INFORMATION

Organization	Suborganization	Title
Ormond Beach	Mayor And City Commission	City Commissioner - Zone 4

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	Ormond Beach City Commission	City Commissioner Zone 4

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
Realty Pros Assured	900 W. Granada Blvd. Ste. 3, Ormond Beach, FL 32174	Real Estate Brokerage
Daytona Beach Realtors Assn.	1716 Ridgewood Ave., Holly Hill, FL 32117	Real Estate Association

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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
311 Dogwood Ave., Georgetown, FL 32139
No address, Parcel 08-13-27-7063-1300-0210, Georgetown, FL 32139
312 N. Beach St., Ormond Beach, FL 32174
32101 Crest Rd., Eustis, FL 32736

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
Bank Account (Truist Bank)	Self - bank account
Florida Retirement System Account	Self - Florida Retirement System Investment Plan

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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
Mr. Cooper (mortgage on home)	8950 Cypress Waters Blvd., Coppell, TX 75019

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

Harold D Briley II

Digitally signed: **06/09/2026**

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