2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/21/2026

General Information

Name: Mr Jamie Warrick

PID 294592

AGENCY INFORMATION

Organization	Suborganization	Title
Lynn Haven	City Commission	Commissioner
Lynn Haven	Community Redevelopment Agency	

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**
Defense Finance and Accounting Service U.S. Military Retired Pay	8899 E 56th Street, Indianapolis, IN 46249 -1200	Military Retirement
Integrated Data Services	2831 St Rose Pkwy 324, Henderson, NV 89052	IT Service Management Company
US Department of Veterans Affairs	P.O. Box 4444, Janesville, Wisconsin 53547-4444	VA Disability Compensation

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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
Retirement Savings and Investment Plan	Thrift Savings Plan
401K	Fidelity Brokerage Services LLC
401K	J.P. Morgan
401K	Insperity Retirement Services
Merchants Bank of Indiana	Checking Account
Merchants Bank of Indiana	Money Market Account
Mass Mutual	Whole Life Legacy 100

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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

Jamie Warrick

Digitally signed: **06/21/2026**

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