2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/16/2026

General Information

Name: Mrs Laura Anne Driver

PID 233647

AGENCY INFORMATION

Organization	Suborganization	Title
Cinco Bayou	Town Council	Council Member

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
US Military Retired Pay	8899 E 56th St Indianapolis, IN 46249	Deceased husbands' retirement pay
US Military Annuitant Pay	8899 E 56th St Indianapolis, IN 46249	Deceased husband's annuitant pay
See Attached		

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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
Navy Federal Credit Union	Deceased Husbands Bank Account

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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.

Filed with COE: 06/16/2026

Signature of Filer

Laura A Driver

Digitally signed: **06/16/2026**

Filed with COE: 06/16/2026

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11/03/25

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code

Defense Finance and Accounting Service
US MILITARY RETIRED PAY
8899 E 56TH STREET
INDIANAPOLIS IN 46249-1200

PAYER'S Federal identification number: [redacted]

RECIPIENT'S identification number: [redacted]

RECIPIENT'S name, address and ZIP code

000168

FRED L DRIVER
C/O LAURA A DRIVER
137 OPP BLVD NE
FORT WALTON BEA FL 32548-4421

1 Gross distribution
$ 4797.57

2a Taxable amount
$ 4797.57

2b Total distribution ☐

4 Federal income tax withheld
$ 750.00

5 Your percentage of total distribution
%

7 Distribution code
7

10 State income tax withheld
$

11 State/Payer's state number

$

RETIRED 010125-033125

OMB No. 1545-0119

2025

DECEASED

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B

Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Form 1099-R (6-92) Department of the Treasury-Internal Revenue Service

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11/03/25 ☐ CORRECTED (if checked)

Control Number NDR0035744 ☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

DEFENSE FINANCE AND ACCOUNTING
SERVICE
US MILITARY ANNUITANT PAY
8899 E. 56TH STREET
INDIANAPOLIS, IN 46249-1300
1-800-321-1080

PAYER'S TIN [redacted]

RECIPIENT'S TIN [redacted]

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

LAURA A DRIVER
137 OPP BLVD NE
FORT WALTON B FL 32548-4421

1 Gross distribution $ 6706.27

2a Taxable amount $ 6706.27

2b ☐ Taxable amount not determined ☐ Total Distribution

4 Federal income tax withheld $

7 Distribution code 7

9 Your percentage of total distribution %

14 State tax withheld $

15 State/Payer's state no.

$

12 FATCA Filing Requirement ☐

OMB No. 1545-0119

2025

Form **1099-R**

Distributions From Pensions, Annuities Retirement, or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy C

For Recipient's Records

This information is being furnished to the Internal Revenue Service.

Keep this copy for your records.

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service