2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/18/2026

General Information

Name: Dr Robert L Rease

PID 292129

AGENCY INFORMATION

Organization	Suborganization	Title
Belle Glade	City Commission	Commissioner
Belle Glade	Community Redevelopment Agency	Community Redevelopment Agency
Belle Glade	Retired Public Safety Officers' Trust Fund	Trustee

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
St. John First Missionary Baptist Church	600 SW 8th Street, Belle Glade, Florida 33430	Church
City of Belle Glade	110 MLK Jr. Blvd, Belle Glade, Florida	City Government
Fidelity Investment	100 Magellan Way KWTC, Covington, KY 41015	Investments Group
Social Security	United State Government	Federal Government
Florida Retirement System	PO Box 9000, Tallahassee, FL 32315-9000	State Government

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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
Fidelity Investment	Investment Account
Stash	Investment 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
JP Morgan Chase Bank	3415 Vision Drive, Columbus, OH 43219-2047
American Express	PO Box 6031, Carol Stream, IL 60197-6031

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

Robert L Rease

Digitally signed: **06/18/2026**

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