# 2025 Form 1 - Statement of Financial Interests

**Filed with COE: 06/29/2026**

## General Information

Name: Mr Timothy Wayne Linderman

**PID 293942**

**AGENCY INFORMATION**

| Organization | Suborganization | Title |
|---|---|---|
| Mexico Beach | City Council | Councilmember |

## 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 ARMY Retirement | 8899 East 56th St., Indianapolis, IN | US Government |
| USAF GS Retirement | 8899 East 56th St., Indianapolis, IN | US Government |
| Social Security Benifits | 1100 West High Rise 6401 Security Blvd, Baltimore, MD | US 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 |
|---|---|
| Thrift Savings Plan US Government 401K | US Army and USAF Retirement |
| IRA All In Credit Union | NA |
| Savings and Checking All In Credit Union | NA |
| Savings and Checking Centennial Bank | NA |
| IRA Vanguard Investments | NA |

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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 |
|---|---|
| Wells Fargo Bank Mortgage | PO Box 14411 Des Moines, IA |
| Navy Federal Credit Union | PO Box 25109 Lehigh, PA |

## 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 Wayne Linderman***

Digitally signed: **06/29/2026**

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