# 2025 Form 1 - Statement of Financial Interests

**Filed with COE: 06/30/2026**

## General Information

Name: Robert Chad Howell

**PID 311184**

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|---|---|---|
| High Springs | City Commission | City Commissioner |

## 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 |
|---|---|---|
| CITY OF ALACHUA | 15100 NW 142ND TERRACE, ALACHUA, FL 32615 | PUBLIC SAFETY |
| CITY OF HIGH SPRINGS | 23718 W US HWY 27, HIGH SPRINGS, FL 32643 | ELECTED OFFICIAL |
| 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 |
|---|---|
| N/A | |

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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

***Robert Chad Howell***

Digitally signed: **06/30/2026**

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W2 Preview for 2025

| General Info | 1 Wages, tips, etc. | 2 Federal income tax withheld |
|---|---|---|
| Year: 2025 | $71,290.17 | $9,051.14 |
| **b** Employer identification number (EIN) | 3 Social security wages | 4 Social security tax withheld |
| 596000262 | $73,487.18 | $4,556.21 |
| **c** Employer's name, address, and zip code | 5 Medicare wages and tips | 6 Medicare tax withheld |
| CITY OF ALACHUA<br>15100 NW 142ND TERRACE<br>ALACHUA, FL 32615 | $73,487.18 | $1,065.56 |
| | 7 Social security tips | 8 Allocated tips |
| | $0.00 | $0.00 |
| | 9 Advanced EIC payment | 10 Dependent care benefits |
| | $0.00 | $0.00 |
| **d** Control number | 11 Nonqualified plans | 12 See instructions |
| | $0.00 | Code: W, Amount: $3,628.24 |
| **e** Employee Name, Address | 13 Checkboxes | |
| HOWELL, ROBERT C<br>16048 NW 208TH WAY<br>High Springs, FL 32643 | Statutory Employee: No<br>Retirement Plan: No<br>Third Party Sick Pay: No | |
| | 14 Other | |
| | Code: FOP, Amount: $80.00<br>Code: FRS414, Amount: $2,197.01 | |

**15-17** State tax information

| State | Wages, tips, etc | Tax Withheld |
|---|---|---|
| No records to display. | | |

**18-20** Local tax information

| Locality name | Wages, tips, etc | Tax Withheld |
|---|---|---|
| No records to display. | | |

Close