2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2026

General Information

Name: Mr Curtis Richardson

CONFIDENTIAL

PID 44004

AGENCY INFORMATION

Organization	Suborganization	Title
Tallahassee	Community Redevelopment Agency Board	City Commissioner
Tallahassee	Mayor And 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 Tallahassee	300 South Adams St., Tallahassee, Florida 32301	City Commissioner, Seat 2
State Retirement Pension	P.O. Box 9000, Tallahassee, Florida 32301	State of Florida retirement
Social Security Monthly Benefit	2002 Old St. Augustine Road, Suite B-12, Tallahassee Florida 32301	Social Security monthly benefit

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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
City of Tallahassee Matched Annuity	Annuity related to employment position in local government
Tax Sheltered Annuity	SEI, 1 Freedom Valley Drive, Oaks PA 19456
Annuity	Raymond James 7 year F+G
Annuity	Raymond James 5 year T-Flex
Life Insurance Cash Value	Northwest Mutual Life Insurance
IRA	Raymond James IRA
Checking and savings accounts	Truist Bank

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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

Curtis Richardson

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

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