2025 Form 1 - Statement of Financial Interests

Filed with COE: 07/12/2026

General Information

Name: Mrs ANDREA LASHANA FRAZIER-BARNES

PID 311924

AGENCY INFORMATION

Organization	Suborganization	Title
Reddick	Mayor And Town Council	Councilman

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
MARION COUNTY BOARD OF COUNTY COMMISSIONERS	601 SE 25TH AVE OCALA, FL	TO ENFORCE COUNTY CODES AND ORDINANCES
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

ANDREA LASHANA FRAZIER-BARNES

Digitally signed: **07/12/2026**

Filed with COE: 07/12/2026

Board of County Commissioners
State of Florida, County of Marion
PO Box 1030, Ocala, FL 34478-1030

Advice Date	Advice Number
07/02/2026	288609

ANDREA L FRAZIER-BARNES
3930 NW 155TH ST
REDDICK, FL 32686

DIRECT DEPOSIT
NON-NEGOTIABLE

Advice Amount	$1,174.19

Emp No	Employee Name	Dept.	Advice Date	Period Ending	Type	Advice No.
10661	ANDREA FRAZIER-BARNES	ZA425534	07/02/2026	06/26/2026	BI WEEKLY	288609

Earnings	Rate	Days/Hrs.	Current	YTD
FT REG	23.39	74.75	1748.41	23372.65
ANNUAL	23.39	5.25	122.80	1309.86
>50K			4.05	52.65
DP LF			0.75	9.75
TOTAL			1876.01	

Deductions	Current	YTD	Emplr
FICA	90.11	1345.83	90.11
MEDICARE	21.07	314.75	21.07
FRS HA	56.14	810.58	254.30
MED REIMB	75.00	1050.00	
WELLNESS 1		-150.00	
HEALTH 1	270.41	3515.33	769.03
LF DEP 1	2.50	32.50	
LF SUPP 1	12.51	162.63	
DENTAL 1	22.61	293.93	
VISION 1	2.93	38.09	
ALLSTATE 1	36.58	475.54	
FED INC TAX	63.99	1055.88	
HEALTH			-236.03
LF BASIC			5.73
LTD			7.28
BOSTON LF	43.17	561.21	
DEPOSITS:			
BANK NET	1074.19	16156.34	
TRUIST BANK			
BANK 1	100.00	1400.00	
FLORIDA CREDIT UNION			

Leave	Beginning	Earned	Used	Balance	YTD Earned	YTD Used
ANNUAL	66.530		5.250	61.280	81.800	56.000
SICK	55.250			55.250	48.000	29.250
PERSONAL	-10.000			-10.000		10.000
COMP						
WELLNESS						
SAFETY INC						

Withholding Allowances

	Filing Status	Exemptions	Extra Amount
Federal	S	3	0.00

Advice Totals

Type	Current	YTD
Taxable Pay	1,397.33	20,896.41
Gross Pay	1,876.01	27,125.01
Deductions	697.02	27,062.61
Net Pay	1,174.19	17,556.34