# 2025 Form 1 - Statement of Financial Interests

**Filed with COE: 08/31/2026**

## General Information

Name: Shalonda Warren

**PID 290073**

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|---|---|---|
| West Palm Beach | Community Redevelopment Agency | City Commissioner |
| West Palm Beach | Mayor And City Commission | City Commissioner |

### CANDIDATE FOR

| Position | Agency Name | Position sought or held |
|---|---|---|
| City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024) | City of West Palm Beach | West Palm Beach City Commission, District 2 |

## 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 |
|---|---|---|
| Sickle Cell Foundation | 815 Palm Beach Lakes Blvd., West Palm Beach, FL 33409 | Community Based Organization |
| City of West Palm Beach | 401 Clematis Street, West Palm Beach, FL 33401 | City Commissioner |

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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 |
|---|---|
| Retirement Account | Empower 403(b) |
| Retirement Account | ADP Retirement Services |

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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 |
|---|---|
| Upgrade Inc. | 275 Battery St., 23rd Floor, San Francisco, CA 44111 |

## 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

***Shalonda Warren***

Digitally signed: **08/31/2026**

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