2025 Form 1 - Statement of Financial Interests

Filed with COE: 08/21/2026

General Information

Name: LAURA SIMPSON

PID 292131

AGENCY INFORMATION

Organization	Suborganization	Title
Bartow	City Commission	CITY COMMISSIONER
Florida Municipal Power Agency	Board Of Directors	Director

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**
Crown Electric	PO Box 101, Bartow, FL	Operations Manager for Electrical Contractor
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

LAURA SIMPSON

Digitally signed: **08/21/2026**

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Copy B - To Be Filed With Employee's Federal Tax Return **2025** OMB No.1545-0008

a Employee's soc. sec. [redacted]	1 Wages, tips, other comp. 123,935.63	2 Federal income tax withheld 21,662.72
	3 Social security wages 127,355.63	4 Social security tax withheld 7,896.05
b Employer's ID number (EIN) 59-3757023	5 Medicare wages and tips 127,355.63	6 Medicare tax withheld 1,846.66

c Employer's name, address, and ZIP code

OMS EMPLOYER SERVICES LLC
P.O. BOX 2
LAKELAND, FL 33802

d Control number

e Employee's name, address, and ZIP code

LAURA M SIMPSON
890 LILA STREET
BARTOW, FL 33830

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a - 12f D 3,420.00
13 Statutory employee ☐ Retirement plan ☒ 3rd-party sick pay ☐	14 Other	
15 State Employer's State ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service.

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return **2025** OMB No.1545-0008

a Employee's soc. sec. [redacted]	1 Wages, tips, other comp. 123,935.63	2 Federal income tax withheld 21,662.72
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee) **2025** OMB No.1545-0008

a Employee's soc. sec. [redacted]	1 Wages, tips, other comp. 123,935.63	2 Federal income tax withheld 21,662.72
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return **2025** OMB No.1545-0008

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Form W-2 Wage and Tax Statement — Dept. of the Treasury - IRS