2024 Form 1 - Statement of Financial Interests

Filed with COE: 02/24/2025

General Information

Name: Kristin Keller

PID 314216

AGENCY INFORMATION

Organization	Suborganization	Title
Town of Oakland	Town Commission	Commissioner

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

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
Floor & Decor	4800 Collina Terrace Clermont, FL 34711	Flooring Products
LPL Financial	2060 Highway A1A #301, Indian Harbour Beach, FL 32937	Retirement Account
Forbo Flooring Systems	8 Maplewood Drive, Hazleton, PA 18202	Flooring materials & services

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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

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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
Mutual Fund	TRP Blue Chip GR ADV
Mutual Fund	J H Balanced I
Mutual Fund	FA Health Care I
Mutual Fund	BNYM SMCP ST IDX INV
Mutual Fund	PIF MDCP S&P 400
Mutual Fund	AF Europac Growth R5
Stock	Apple Inc
Mutual Fund	First Eagle Global
Mutual Fund	Growth Fund of America
Mutual Fund	American Balanced
Stock	Microsoft Corporation
Annuity	Delaware Life
Annuity	Polaris Platinum III Variable Annuity
Mutual Fund	Invesco Main Street

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
Truist Bank	PO Box 79041, Baltimore, MD 21279
Southstate Bank	PO Box 118068, Charleston, SC 29423
PNC Bank	PO Box 747066, Pittsburgh, PA 15274

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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.

Signature of Filer

Kristin Keller

Digitally signed: **02/24/2025**

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