2024 Form 1 - Statement of Financial Interests

Filed with COE: 04/01/2025

General Information

Name: Mr Rene Romeo Champagne (Ret)

PID 315207

AGENCY INFORMATION

Organization	Suborganization	Title
Marco Island	City Council	Councilor

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”)

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Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Social Security	Washington DC	Retirement income
Northern Trust Bank	Chicago, IL	Pension
City of Marco Island	Marco Island, FL	Councilor compensation
Vanguard Russell Fund	NY Stock Exchange	Dividends
Gateway Fund	Cincinnati, OH	Dividends
Berkshire Hathaway	Omaha, NE	Dividends
Citigroup Inc	NY,NY	Interest & Dividends
Google/Alphabet Inc	Mountain View, CA	Dividends
Amazon Inc	Seattle, WA	Dividends
Ishares Fund	NY,NY	Dividends
Lazard Inc	NY,NY	Dividends
Microsoft Corp	Redmond, WA	Dividends
NOVO Nordisk A/C ADR	Bagsvaerd, Denmark	Dividends
United Health Group Inc	Minnetonka, MN	Dividends
Abbott Laboratories	Chicago, Il	Dividends
ABBVIE Inc	North Chicago, IL	Dividends
Apple Inc	Cupertino, CA	Dividends
Blackrock, Inc	NY,NY	Dividends
Blackstone Inc	NY,NY	Dividends
Chubb Ltd	Zurich, Switzerland	Dividends
Home Depot Inc	Atlanta, GA	Dividends
Occidental Petroleum Inc	Houston, TX	Dividends
PepsiCo Inc	Harrison, NY	Dividends
PNC Financial Services Group	Pittsburgh, PA	Interest & Dividends
Calamos Market Neutral Fund	Naperville, IL	Dividends
Goldman Sachs	NY,NY	Dividends
MSILF Government OTF	NY,NY	Interest
Morgan Stanley	Indianapolis, In	Municipal bond interest
First Trust Long/Short Fund	Wheaton, IL	Dividends

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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
Connecticut 529 Fund	Fidelity Investments

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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.

Filed with COE: 04/01/2025

Signature of Filer

Rene Romeo Champagne (Ret)

Digitally signed: **04/01/2025**

Filed with COE: 04/01/2025