

2023 Form 1 - Statement of Financial Interests

Filed with COE: 06/13/2024

General Information

Name: Ms Joanne Simone
Address: 5790 Margate Blvd, Margate, FL 33063
County: Broward

PID 241399

AGENCY INFORMATION

| Organization | Suborganization | Title |
|--------------|--------------------------------|--------------|
| Margate | Community Redevelopment Agency | Board Member |
| Margate | Employees Benefit Trust Fund | Trustee |
| Margate | Mayor And City Commission | Commissioner |

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

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 |
|-------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------|
| Division of Management Services State of Florida Division of Retirement | P.O.Box 3090 Tallahassee Fl 32315-3090 | Pension |

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 |
|--------------------|-----------------------------------------------|
| Annuity | Lincoln National Life Ins |

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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, 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. | |
| <input checked="" type="checkbox"/> I certify that I have completed the required training under Section 112.3142, F.S. | |
| <input type="checkbox"/> Required training under Section 112.3142, F.S., not applicable to filer for this form year. | |

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Signature of Filer

Joanne Simone

Digitally signed: **06/13/2024**

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