Filed with COE: 06/01/2024

General Information				
Name: Address: County: AGENCY INFOF	Thomas Balduf 1723 Lost Cove Ln, P C Beach, FL 32413 Bay DRMATION		PID 267158	
Organization		Suborganization	Title	
Lake Powell Resi	dential Golf CDD	Board of Supervisors	Vice Chair	

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
Fidelity	Boston MA	Stocks
Treasury direct	Minneapolis MN	Tbills
Principal	Des Moines IA	Stocks
Schwab	Westlake Tx	Stocks
Marcus	Newark DE	savings
Shareholder broadridge	Brentwood NY	Stocks

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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			
Stock	General Mills			
stock	Darden			
Stock	Berkshire			
stock	Lilly			
Stock	Misc			
Tbills	Treasury direct			
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2023 Form 1 - Statement of Financial Interests

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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

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Filer

Thomas Balduf

Digitally signed: 06/01/2024

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