2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/12/2025

General Information

Name: Art Woodruff

PID 63355

AGENCY INFORMATION

Organization	Suborganization	Title
Sanford	Employees	Mayor
Sanford	Mayor And City Commission	

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
Seminole County Public Schools	400 E Lake Mary Blvd	Education
TIAA CREF Fund	Schwab 211 Main St., San Francisco, CA 94105.	Mutual Fund
Vanguard Prime Cap Fund	P.O. Box 982901 El Paso, TX 79998-2901	Mutual Fund

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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
Pension Plan	Florida Retirement System
Retirement Account	Metlife T Flex
Stock	Merck and Company
Stock	Netflix
Stock	Lowes Companies
Stock	Home Depot Inc
Mutual Fund	Nuveen Large Cap
Mutual Fund	Nuveen Core Equity
Mutual Fund	Vanguard Prime Cap
Mutual Fund	Lord Abbett Affiliated Fund
Stock	Duke Energy
Stock	Apple
Stock	Cardinal Health
IRA Mutual Fund	Vanguard MidCap
Retirement Account	Met Life Freedom Select

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
NewRez LLC	601 Office Center Drive Suite 100 Fort Washington, PA 19034

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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

Art Woodruff

Digitally signed: **06/12/2025**

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