2024 Form 1 - Statement of Financial Interests

Filed with COE: 05/28/2025

General Information

Name: Mrs Claudia M Thomas

PID 314681

AGENCY INFORMATION

Organization	Suborganization	Title
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
Lockheed Martin Pension via Athene Holding	7700 Mills Civic Parkway West, Des Moines IA 70266	Defense and Aerospace
Social Security Administration	1100 West High Rise 6401 Security Blvd, Baltimore MD 21235	Financial

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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
Ameriprise IRA	Ameriprise Financial
Ameriprise Joint Account	Ameriprise Financial
Midland Indexed Fund - IRA	Midland Financial
Midland Indexed Fund - Roth IRA	Midland Financial
MFCU Bank Accounts	MidFlorida Credit Union
BoA Bank Account	Bank of America
GLI Cash Value	Group Life Insurance

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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.

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Signature of Filer

Claudia M Thomas

Digitally signed: **05/28/2025**

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