2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/06/2025

General Information

Name: Mr Ed Wolf

PID 7786

AGENCY INFORMATION

Organization	Suborganization	Title
Wildwood	Mayor And City Commission	Mayor

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
FL Retirement System	Tallahassee, FL	FLS Retirement Fun
Preferred Govt. Insurance Trust	Lake Mary, FL	Board of Trustee
Corebridge Financial FL Retirement DROP Fund	1050 N Western St, Amarillo, TX	Administer FLS DROP Monies
Soc. Sec. Admin.	Washington, D.C.	Administer SS Benefits
Property Rent	1001 Barwick St., Wildwood, FL	Rent

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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
Lots 14/15 Highland View Subd., Wildwood, FL
1001 Barwick St., Wildwood, FL

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
Savings	Truist Bank Money Market Acct
Savings	United Southern Bank Money Amit Acct.
Tax Deferred Savings	DROP Florida Retirement
FRS Retirement	FRS Retirement Investment Plan

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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	
Name of Business Entity	Preferred Govt. Insurance Trust
Address of Business Entity	Lake Mary, FL
Principal Business Activity	Insurance company
Postion Held with Entity	Board of Trustee
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	None

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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

Ed Wolf

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

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