

## 2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2025

### General Information

Name: Sheriff William Woods

**CONFIDENTIAL**

**PID 268995**

### AGENCY INFORMATION

| Organization                                        | Suborganization                              | Title        |
|-----------------------------------------------------|----------------------------------------------|--------------|
| Management Services, Department Of<br>Marion County | E911 Board<br>Elected Constitutional Officer | Board Member |

### Net Worth

My Net Worth as of December 31, 2024 was \$ 1,207,598.79.

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### Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 35,000.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                            | Value of Asset |
|-------------------------------------------------|----------------|
| House / 5 Acres - {REDACTED}                    | \$ 450,000.00  |
| Real Estate Vacant Land 100 Acres - Madison, FL | \$ 300,000.00  |
| Real Estate House - 742 NE 17 Av Ocala, FL      | \$ 150,000.00  |
| 2022 Ford F250                                  | \$ 100,000.00  |
| 2024 Lincoln Nautilus                           | \$ 75,000.00   |
| 2007 Triple Crown 16' Utility Trailer           | \$ 2,500.00    |
| 2017 Triple Crown 24' Gooseneck Trailer         | \$ 8,500.00    |
| 2018 Husqvarna Lawn Tractor                     | \$ 3,000.00    |
| 2018 Polaris 567 ATV                            | \$ 12,500.00   |
| 2024 Massey Ferguson 70HP 4WD Tractor           | \$ 50,000.00   |
| Bank Account (Well's Fargo Financial)           | \$ 12,300.00   |
| Life Insurance (The Standard)                   | \$ 150,000.00  |
| Life Insurance ADD (The Standard)               | \$ 300,000.00  |
| Wells Fargo Savings Account/Cash                | \$ 6,833.61    |

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### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor                                  | Address of Creditor                         | Amount of Liability |
|---------------------------------------------------|---------------------------------------------|---------------------|
| Campus USA Credit Union                           | 800 SW 2 Av Suite 150 Gainesville, FL 32601 | \$ 55,780.93        |
| JP Morgan Chase Bank                              | PO Box 9001871 Louisville, KY               | \$ 195,370.86       |
| MIDFLORIDA Credit Union                           | P.O. Box 8008 Lakeland, FL 33802-8008       | \$ 55,322.24        |
| Farm Credit of Florida                            | 5075 NW Blitchton Rd Ocala, FL              | \$ 30,120.95        |
| Ken and Sharon Sumner<br>(Owner Financing - Land) | 859 NW Coachwhip Av Madison, FL             | \$ 38,186.93        |
| Wells Fargo Financial                             | PO Box 14411 Des Moines, IA 50306-3411      | \$ 75,752.91        |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A              |                     |                     |

**Income**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2024 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2024 federal income tax return and all W2s, schedules, and attachments.

**PRIMARY SOURCES OF INCOME:**

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount        |
|--------------------------------------------|-----------------------------|---------------|
| Marion County, Florida                     | PO Box 1987 Ocala, Fl       | \$ 264,041.00 |
| City of Ocala, Florida                     | 110 SE Watula Av Ocala, Fl  | \$ 75,200.00  |

**SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):**

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|-------------------------------------------|-------------------|---------------------------------------|
| N/A                     |                                           |                   |                                       |

**Interests in Specified Businesses****Business Entity # 1**

N/A

### Training

This section applies only to a Constitutional or elected municipal officer, 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 Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

***William Woods***

Digitally signed: 06/10/2025

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