

**General Information**

Name: Dr Martha Santiago EdD

PID 45006

**AGENCY INFORMATION**

| Organization                        | Suborganization                                  | Title                              |
|-------------------------------------|--------------------------------------------------|------------------------------------|
| Lakeland Area Mass Transit District | Board of Directors                               | County Commissioner,<br>District 4 |
| Polk County                         | Elected Constitutional Officer                   | County Commissioner,<br>District 4 |
| Polk County                         | Harden/Parkway Community Redevelopment<br>Agency | County Commissioner,<br>District 4 |

**Net Worth**My Net Worth as of December 31, 2024 was \$ 1,330,934.00.

**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 \$ 78,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                           | Value of Asset |
|------------------------------------------------|----------------|
| 724 Santa Maria Dr, Winter Haven, FL 33884     | \$ 405,000.00  |
| Securities in IRAs, Roth IRAs and mutual funds | \$ 647,831.00  |
| Bank Accounts                                  | \$ 140,103.00  |
| Vehicles                                       | \$ 60,000.00   |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

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

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       |
|--------------------------------------------|-----------------------------------------|--------------|
| Florida Retirement System                  | PO Box 9000, Tallahassee, FL            | \$ 56,979.00 |
| Florida Southern College                   | 111 Lake Hollingsworth Dr, Lakeland, FL | \$ 1,800.00  |
| Social Security Administration             | 6401 Secuirty Blvd, Baltimore, MD       | \$ 39,419.00 |
| Board of County Commissioners              | 330 W Church St, Bartow, FL             | \$ 49,488.00 |
| Leadership Consultants LLC                 | 724 Santa Maria Dr SE, Winter Haven, FL | \$ 61,106.00 |

**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 |
|----------------------------|-------------------------------------------|-------------------------------|---------------------------------------|
| Leadership Consultants LLC | Polk State College                        | 999 Ave H NE Winter Haven, FL | Leadership Consulting                 |

**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.

### CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **Felicity Hendrix** prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

***Felicity Hendrix***

Digitally signed: 06/28/2025

**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.

***Martha Santiago EdD***

Digitally signed: 06/28/2025

Filed with COE: 06/28/2025