

2025 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 10/28/2025

General Information

Name: Mr John C Weatherford

PID 289442

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 10/28/2025

AGENCY INFORMATION

Organization	Suborganization	Title
Tampa-Hills. County Expressway Auth.	Authority Members	Board Member

Net Worth

My Net Worth as of October 28, 2025 was \$ 1,700,000.00.

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 \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
CASH	\$ 30,000.00
STOCKS	\$ 500,000.00
INVESTMENT	\$ 200,000.00
CARS	\$ 60,000.00
BUSINESS	\$ 1,000,000.00

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

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2025, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
JOINT INCOME	2502 W FIG ST UNIT 1 TAMPA, FL 33609	\$ 150,000.00
DIVIDENDS	2502 W FIG ST UNIT 1 TAMPA, FL 33609	\$ 3,000.00

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
WEATHERFORD INSURANCE	HEALTH INSURANCE	2502 W FIG ST UNIT 1 TAMPA, FL 33609	HEALTH

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

N/A

Signature of Reporting Official or Candidate

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

John C Weatherford

Digitally signed: 10/28/2025

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