2024 Form 1 - Statement of Financial Interests

Filed with COE: 07/02/2025

General Information

Name: Ashley Corey Troutman

PID 235050

AGENCY INFORMATION

Organization	Suborganization	Title
Polk State College	Board Of Trustees	

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
Northwestern Mutual Life Ins. Co Commissions	720 E Wisconsin Ave, Milwaukee WI 53202-4797	Insurance Sales
Northwestern Mutual Investment Services	720 E Wisconsine Ave, Milwaukee WI 53202-4797	Investment Fees and Commissions

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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
Interest in business	Northwestern Mutual Investment Services AUM Book of Business

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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
Midland Mortgage	999 NW Grand Blvd, Suite 100, Oklahoma City, OK 73118
Citizens Bank and Trust	2 E Wall St, Frostproof FL 33843

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

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Filer

Ashley Corey Troutman

Digitally signed: **07/02/2025**

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