2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/10/2025

General Information

Name: Com Patricia Ann Sheehan

PID 39302

AGENCY INFORMATION

Organization	Suborganization	Title
East Central Florida Regional Planning Council	ECFRPC Council Board	City Commissioner
Orlando	Mayor And City Commissioners	City Commissioner
Orlando Community Redevelopment Agency	CRA Members	District 4

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
City Of Orlando	400 S. Orange Avenue Orlando, FL 32802	Municipal Government
Shining Star Creations	1213 Minnesota Street Orlando, FL 32803	Art sales to individuals

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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
Individual Retirement Account	Orlando Credit Union 945 S. Orange Avenue Orlando, FL 32806
Individual Retirement Account	Hello Credit Union 601 Hwy 231 Panama City FL 32405
City of Orlando 401K	Mission Square Retirement 777 N. Capitol St NW Washington, DC 20002

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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
N/A

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.

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Signature of Filer

Patricia Ann Sheehan

Digitally signed: **06/10/2025**

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