

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/18/2025

General Information

Name: Dr Christine Brennan Bishop

PID 300704

AGENCY INFORMATION

Organization	Suborganization	Title
Okeechobee County School Board	Elected Constitutional Officer	

Net Worth

My Net Worth as of December 31, 2024 was \$ 1,095,110.60.

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
Residence, 6688 SW 21st parkway, Okeechobee, FL	\$ 458,541.00
Office building, 710 S Parrott AVE, Okeechobee, FL	\$ 358,167.00
Family Eye Care of Okeechobee, 710 S parrott Ave, Okeechobee, FL	\$ 375,000.00
T Rowe Price (IRA)	\$ 153,945.00
Bishop Cattle 6688 SW 21st parkway, Okeechobee, FL	\$ 225,000.00
Bank Of America Savings Account	\$ 14,344.00
Bank of America Checking Account	\$ 5,939.00
Farm Bureau Wholelife Insurance surrender value	\$ 6,474.39
Symetra Life Insurance surrender value	\$ 1,325.00
Center State Bank (custodial accounts)	\$ 30,995.21
Florida Retirement System (FRS)	\$ 12,171.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PNC (Family Eye Care)	300 5th Avenue Pittsburgh PA 15222	\$ 172,625.00
J. Patrick Brennan (office building)	258 SE 60th Ave Okeechobee, FL 34974	\$ 116,200.00
Citizens One (vehicle	PO Box 42033 Providence RI 02940	\$ 12,700.00
Nelnet (student loans)	PO Box 2970 Omaha NE 68103	\$ 34,804.00
Ag First (home loan)	PO Box 8068 Virginia Beach VA 23450	\$ 260,462.00

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
Family Eye Care of Okeechobee, PA	710 S Parrott Ave Okeechobee, FL 34974	\$ 134,734.80
Okeechobee County school Board	700 SW 2nd Ave Okeechobee, FL 34974	\$ 27,876.34

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.

Christine Brennan Bishop

Digitally signed: 06/18/2025

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