2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Mr Robert Shorr

PID 278941

AGENCY INFORMATION

Organization	Suborganization	Title
Loxahatchee Groves Water Control Dst.	Board of Supervisors	Board of Supervisor
Loxahatchee Groves, Town of	Mayor & Town Council	Vice Mayor

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
Town of Loxahatchee Groves	F Rd, Loxahatchee	Town Council Member
Accurate Balancing & Commissioning	E Rd, Loxahatchee	HVAC Test and Balance
Merrill Lynch	Flagler Dr, West Palm Beach	Investments

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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
Accurate Farms	Cattle Auction	Okeechobee, FL	Auction
Accurate Facilities	No Income	None	None

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
Vacant Land 1081 C Rd, Loxahatchee
Vacant Land 5304 Webster Ave, West Palm Beach
House 2242 SE Montauk St, Port St Lucie
Vacant Land 1591 D Rd, Loxahatchee
Vacant land 1765 E Rd, Loxahatchee
Vacant Land 1634 D Rd, Loxahatchee

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
FRS Retirement	Florida Retirement System
Stocks/Bonds	Merrill Lynch
Cash/Checking	Bank of America

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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

Robert Shorr

Digitally signed: **06/30/2025**

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