

2025 Form 1X - Amendment to Statement of Financial Interests

Filed with COE: 05/21/2026

General Information

Name: Mr Dennis Patrick Dawson

PID 301636

AGENCY INFORMATION

Organization	Suborganization	Title
East Central Florida Regional Planning Council	ECFRPC Council Board	
Mount Dora	Mayor And City Council	Councilmember

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City of Mount Dora	Council Member

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
Memorial Sloan Kettering Cancer Center	1275 York Ave, NY, NY 10065	Hospital Administration - Main Job until 7/11/2025
NY Dept of Labor	P.O. Box 15130Albany, NY 12212-5130	Unemployment Income
Ameriprise Financial	4400 PGA BLVD, Palm Beach Garden, FL	IRA, Dividend distributions

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
900 16th Street, Miami Beach, FL 33139

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
Stanley Morgan/eTrade	Stocks, Mutal Funds
Amerprise Financial	IRA, Stocks, Mutual Funds
TIAA	457b and 403b

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
Wells Fargo Mortgage	P.O. Box 10335 Des Moines, IA 50306-0335
Rocket Mortgage	PO Box 6577 Carol Stream, IL 60197-6577
Navy Federal Credit Union	1310 West Osceola Parkway, Kissimmee, FL
Dade County Federal Credit Union	1500 NW 107th Avenue Sweetwater, FL 33172

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.

Amendment Reason

Explanation of changes why are you amending your previous form 1 submission?

I forgot to include primary income up until July 11, 2025 until I was dismissed from my employer and then subsequently received unemployment through the state of NY (my employer was in NY City)

Signature of Filer

Dennis Patrick Dawson

Digitally signed: 05/21/2026

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