# 2025 Form 6 - Full and Public Disclosure of Financial Interests

**Filed with COE: 06/16/2026**

## General Information

Name: Hon Andrew T Sheeran

**CONFIDENTIAL**

**PID 225535**

### AGENCY INFORMATION

| Organization | Suborganization | Title |
|---|---|---|
| Agency For Health Care Administration | Employees | SENIOR ATTORNEY |
| Judicial Circuit (2Nd) | Elected Constitutional Officer | Circuit Judge |

## Net Worth

My Net Worth as of January 28, 2026 was $ 296,685.45.

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## 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.

The aggregate value of my household goods and personal effect is $ 27,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

| Description of Asset | Value of Asset |
|---|---|
| Personal residence {REDACTED} | $ 157,662.00 |
| Ave Maria Traditional IRA | $ 8,026.86 |
| Ave Maria Roth IRA | $ 5,246.58 |
| Wells Fargo Bank Account(s) | $ 19,494.42 |
| Bank of America Bank Account(s) | $ 5,351.23 |
| State of Florida Retirement (estimated present value) | $ 190,742.41 |
| State of Florida Deferred Compensation Plan | $ 2,555.17 |

## Liabilities

LIABILITIES IN EXCESS OF $1,000:

| Name of Creditor | Address of Creditor | Amount of Liability |
|---|---|---|
| Wells Fargo Home Mortgage | P.O. Box 105647, Atlanta, GA 30348-5647 | $ 65,982.47 |
| U.S. Department of Education | P.O. Box 790322, St. Louis, MO 63179-0322 | $ 44,935.28 |
| CarMax Auto Finance | P.O. Box 6045, Carol Stream, IL 60197-6045 | $ 8,475.47 |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| Name of Creditor | Address of Creditor | Amount of Liability |
|---|---|---|
| N/A | | |

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## 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 2025 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 2025 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 |
|---|---|---|
| State of Florida | 500 E Gaines Street, Tallahassee, FL 32399-0356 | $ 149,526.82 |

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 |

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## 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.

## 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.

***Andrew T Sheeran***

Digitally signed: **06/16/2026**

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