2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/10/2025

General Information

Name: Mr Rafael Lopez

PID 303503

AGENCY INFORMATION

Organization	Suborganization	Title
Village of Estero	Village Council	Councilmember

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
COOPER POLICE OFFICER RET PLAN	PO BOX 4623 BUFFALO, NY 14240	RETIREMENT PLAN
MIAMI POLICE PENSION	5001 KINGSLEY DR, CINCINNATI, OH 45227	PENSION PLAN
FLORIDA RETIREMENT SYSTEM	PO BOX 9000 TALLAHASSEE, FL 32315	RETIREMENT PLAN
SUNCOAST CREDIT UNION	PO BOX 11904 TAMPA, FL 33680	INTEREST INCOME

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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
RETIREMENT AND PENSION PLANS	FPS TRUST COMPANY
IRA AND 401K	INVESTMENT OPERATIONS

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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
SUNCOAST CREDIT UNION	PO BOX 11829 TAMPA FL 33680

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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CPA/Attorney Signature Only

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, **Suzanne E Robbins** prepared the CE Form 1 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Suzanne E Robbins

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

Signature of Filer

Rafael Lopez

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

Filed with COE: 06/10/2025