2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/12/2025

General Information

Name: Hon Steven D Losner

PID 62802

AGENCY INFORMATION

Organization	Suborganization	Title
Homestead	General Employees Pension Board	Chairman
Homestead	Mayor And City Council	TPO Board Member
Miami-Dade Transportation Planning Organization (TPO)	Governing Board	TPO Board Member

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
Steven D. Losner, P.A.	59 NE 15 Street Homestead, FL 33030	Law Practice
City of Homestead, FL	100 Civic Court	Municipal
Epmore 1, LLC	17999 SW 288 Street Homestead, FL 33030	Real Estate

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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
Epmore 1, LLC	Infinite Healthcare Svs	6128 SW 158 Pass Miami, FL 33193	Medical

Real Property

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

Location/Description
470 Bougainville Blvd Homestead, FL 33033
138 N Rolling Hill Road, Tavernier, FL 33071

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
Account balances and LLC interest	Steven D. Losner, PA, Epmore 1, LLC and personal and business banking accounts

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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

Steven D Losner

Digitally signed: **06/12/2025**

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