

## 2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/23/2025

### General Information

Name: Ms Susan Shorter Lopez

**CONFIDENTIAL**

PID 88579

### AGENCY INFORMATION

| Organization                 | Suborganization                | Title          |
|------------------------------|--------------------------------|----------------|
| State Attorney; 13Th Circuit | Elected Constitutional Officer | State Attorney |

### Net Worth

My Net Worth as of December 31, 2024 was \$ 844,750.64.

### 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, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 278,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                                  | Value of Asset |
|-------------------------------------------------------|----------------|
| {REDACTED}                                            | \$ 465,000.00  |
| The Bank of Tampa Bank Account                        | \$ 11,664.08   |
| Ameriprise Financial-all holdings within <\$1000 each | \$ 7,748.54    |
| Florida Retirement System-Rtrmt 2040                  | \$ 327,285.26  |

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| Description of Asset                                             | Value of Asset |
|------------------------------------------------------------------|----------------|
| Florida Retirement System-USBond Indx 80                         | \$ 37,751.28   |
| Nationwide Deferred Compensation Plan-Vngrd RealEst Indx Inst    | \$ 4,386.08    |
| Nationwide Deferred Compensation Plan-SmCap Val Eq D             | \$ 2,911.41    |
| Nationwide Deferred Compensation Plan-Wasatch SmCap Gr Inst      | \$ 2,956.05    |
| Nationwide Deferred Compensation Plan - AmFds New Wld R6         | \$ 9,281.60    |
| Nationwide Deferred Compensation Plan-TRowPr Ovrseas Stk I       | \$ 13,961.83   |
| Nationwide Deferred Compensation Plan-Vngrd Ttl IntlStkIndx Inst | \$ 21,575.26   |
| Nationwide Deferred Compensation Plan-JPM MdCap Val R6           | \$ 5,885.75    |
| Nationwide Deferred Compensation Plan-TRowePr US PdCap Gr Eq D   | \$ 6,027.10    |
| Nationwide Deferred Compensation Plan-Fid Contra K6              | \$ 7,805.53    |
| Nationwide Deferred Compensation Plan-TRowPr Divd Gr I           | \$ 8,993.38    |
| Nationwide Deferred Compensation Plan-TRowePr Eq Inc B           | \$ 19,192.80   |
| Nationwide Deferred Compensation Plan-TRowePr Gr Stk B           | \$ 12,635.79   |
| Nationwide Deferred Compensation Plan-Vngrd Inst Indx Inst Pls   | \$ 12,342.77   |
| Nationwide Deferred Compensation Plan-AmFds Emrg Mkt Bd R6       | \$ 1,537.59    |
| Nationwide Deferred Compensation Plan-Dodge Cox Inc I            | \$ 15,559.95   |
| Nationwide Deferred Compensation Plan-TRowePr Spctrm Inc I       | \$ 3,120.70    |
| Nationwide Deferred Compensation Plan-Short Term Fixed Assets    | \$ 4,706.03    |
| Ameriprise Financial-JPMorgan Large Cap Growth CL I              | \$ 1,193.16    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor                | Amount of Liability |
|------------------|------------------------------------|---------------------|
| Rocket Mortgage  | 1050 Woodward Ave Detroit MI 48226 | \$ 351,046.20       |
| M&T Bank         | PO Box 619063 Dallas TX 75261      | \$ 31,997.33        |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**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 2024 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 2024 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 payroll                   | 200 E. Gaines St Tallahassee FL 32399 | \$ 218,939.00 |

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

**Training**

This section applies only to a Constitutional or elected municipal officer, 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.

**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.

***Susan Shorter Lopez***

Digitally signed: 06/23/2025

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