2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Mrs Lizelh Natalieh Rodriguez

PID 287247

AGENCY INFORMATION

Organization	Suborganization	Title
Medley	Town 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
University of Miami Miller School of Medicine	1120 NW 14th St. Miami, FL 33136	Clinical Research
Town of Medley	7777 NW 72nd Ave. Medley FL 33166	Municipality

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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
The Standard 401 Plan	Town of Medley Money Purchase Plan
Fidelity Retirement Savings Plan	University of Miami
Bank Account	SoFi

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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
Sallie Mae	4322, 300 Continental Dr. Newark, DE 19713
Lexus Financial Services	PO Box 5855 Carol Stream IL 60197-5855
Aidvantage	PO BOX 300001, Greenville, TX 75403-3001

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

Lizelh Natalieh Rodriguez

Digitally signed: **06/30/2025**

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