2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Lisa El Ramey

PID 283016

AGENCY INFORMATION

Organization	Suborganization	Title
Loxahatchee Groves Water Control Dst.	Board of Supervisors	Board of Supervisors
Loxahatchee Groves, Town of	Mayor & Town Council	Councilmember
Loxahatchee Groves, Town of	Planning & Zoning Board	

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
Oak Hammock Farm Inc.	3828 B Road Loxahatchee, FL 33470	Equestrian Business/Farm

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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
Savings Account	Seacoast Bank
Checking Account	Seacoast Bank
Investment Account	TD Ameritrade
Investment Account	Athene

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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
American Express	PO Box 981535 El Paso, TX 79998-1535

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

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.

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Signature of Filer

Lisa El Ramey

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

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