

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 02/11/2026

General Information

Name: Efren F Rivera

PID 311323

AGENCY INFORMATION

Organization	Suborganization	Title
Forest Lake Community Development District	Board of Supervisors	Chairman

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 6	Commissioner Davenport Florida	seat 4

Net Worth

My Net Worth as of December 31, 2025 was \$ 700,000.00.

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.

The aggregate value of my household goods and personal effect is \$ 450,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home, cars, furniture	\$ 450,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

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 2025 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 2025 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
Forest Lake CDD	255 Primera Blvd suit 160 lake mary florida 32746	\$ 1,800.00
See Attached		

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
City of Philadelphia	Police Pension	1600 Arch st	retire
See Attached			

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.

Efren Rivera

Digitally signed: 02/11/2026

Filed with COE: 02/11/2026

PENDD7 (07/2014)

CITY OF PHILADELPHIA

Board of Pensions & Retirement, 16th Floor, Two Penn Ctr. Phila., PA 19102

STATEMENT OF PENSION PAYMENTS AND DEDUCTIONS

B-205814-0

EFREN RIVERA
8518 SUMMERDALE AVE
PHILADELPHIA PA 19152

DATE PAYABLE

12-18-2023

TOTAL PAYMENT

YEAR TO DATE

GROSS AMOUNT	4,826.67	57,920.04
TAXABLE	0.00	0.00
NON-TAXABLE	4,826.67	57,920.04
WORK-COMP OFFST	4,311.67	51,740.04
UNION DUES	39.63	474.52
PAYABLE NET	475.37	5,705.48

CITY OF PHILADELPHIA

Deposit
on account for:

**DIRECT DEPOSIT
NON-NEGOTIABLE**

EFREN RIVERA
8518 SUMMERDALE AVE
PHILADELPHIA PA 19152

PENSION NUMBER	DATE PAYABLE		
	MO.	DAY	YEAR
B2058140	12	18	2023

DEPOSIT AMOUNT
*****475.37

NON-NEGOTIABLE

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Forest Lake CDD
255 Primera Blvd, Suite 160
Lake Mary, FL 32746

OMB No. 1545-0116

Form **1099-NEC**

(Rev. April 2025)

For calendar year

2025

Nonemployee Compensation

PAYER'S TIN

RECIPIENT'S TIN

1 Nonemployee compensation

\$ 1800.00

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

Frank Rivera
1004 Sugarwood

Davenport FL 33837

2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐

3 Excess golden parachute payments

\$

4 Federal income tax withheld

\$

5 State tax withheld

\$

6 State/Payer's state no.

\$

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For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

7 State income

\$

Account number (see instructions)

\$

Form **1099-NEC** (Rev. 4-2025)

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service