2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/11/2025

General Information

Name: Ms Andrea B Young

PID 228332

AGENCY INFORMATION

Organization	Suborganization	Title
City of West Melbourne	City Council	

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
Social Security Administration	PO Box 67620 Wilkes Barre, PA 18767-7620	Government
Ameriprise Financial	10 Ameriprise Financial Center Minneapolis, MN 55474	Financial Advisors
See Attached		

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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
Riversource Life Insurance Co	Ameriprise Financial
See Attached	

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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
Navy Federal Credit Union	PO Box 3302 Merrifield VA 22119
Hyundai Finance	PO Box 660891 Dallas TX 75266

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

Andrea B Young

Digitally signed: **06/11/2025**

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RiverSource Life Insurance Company
RiverSource Retirement Advisor Advantage Var Ann

ANDREA YOUNG

Your contract allocation

Description
Invesco Intl Gr Sr II
RVS Life Fixed
COL VP Govt MM Fd CL3
COL VP Usg Mrt Fd CL3
Fid VIP MidCap Cl 2
COL LG Cap Index CL3
Total

MS ANDREA YOUNG CLIENT ID: [redacted]
GROUP ID: [redacted]