2024 Form 1 - Statement of Financial Interests

Filed with COE: 07/02/2025

General Information

Name: Mr Kyle James Van Buskirk

PID 254513

AGENCY INFORMATION

Organization	Suborganization	Title
Lighthouse Point	Mayor And City Commission	Mayor
Lighthouse Point	Police And Fire Pension Board Of Trustees	

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
Broward Sheriff's Office	2601 W. Broward Blvd. Fort Lauderdale, FL 33312	Battalion Chief/Firefighter
City of Deerfield Beach Pension	5050 Kingsley Drive, Cincinnati, OH 45263	Pension
City of Lighthouse Point	2200 NE 38 Street, Lighthouse Point, FL 33064	Municipal Government

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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
2120 NE 41 Street, Lighthouse Point, FL 33064
2110 NE 41 Street, Lighthouse Point, FL 33064
Lot 59 Block A Section 1 of Lake Toxaway fall, Lake Toxaway, NC

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
Various Stocks	Various Stocks - Charles Schwab
457 Plan	Charles Schwab
529 Plans for Children	Charles Schwab

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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
Freedom Mortgage	PO Box 50428, Indianapolis, IN 46250
Freedom Mortgage	PO Box 50428, Indianapolis, IN 46250
GM Financial	PO Box 78143, Phoenix, AZ 85062
TD Ameritrade Mortgage	PO Box 5095, Mount Laurel, NJ 08054

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

Kyle James Van Buskirk

Digitally signed: **07/02/2025**

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