2024 Form 1 - Statement of Financial Interests

Filed with COE: 07/07/2025

General Information

Name: Mrs Elvadianne Culbertson

PID 254237

AGENCY INFORMATION

Organization	Suborganization	Title
South Palm Beach	Mayor And Town Council	Cuncil Member

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

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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	PO Box 67620; Wilkes-Barre, PA	US Government
Treasuries	US Treasuries; Washington, DC	US Government
IRA (MRD)	Nuveen; PO Box 219227; Kansas City, MO 64121-9227	Insurance
Pension	Northrup Grumman BC; PO Box 4872; Chesapeake, VA 23320	Defense
Dividends	HF Sinclair; 2828 N Harwood Ste 1300; Dallas, TX 75201	Petroleum
Dividends	Polaris; 2100 Hwy 55; Medina, MN 55340-9100	Recreation Vehicles
Dividends	Toll Brothers; 1140 Virginia Dr: Fort Washington, PA 19034	Home building
Dividends	Alliance Bernstein: 1345 Avenue of the Americas: New York, New York 10105	Asset Management
Dividends	Charles Schwab	Brokerage

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			

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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
Checking Account	United Services Bank
Checking Account	Truist

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
N/A	

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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.

Signature of Filer

Elvadianne Culbertson

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

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