

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/17/2026

General Information

Name: Mrs Elizabeth Accomando

PID 301074

AGENCY INFORMATION

Organization	Suborganization	Title
Indian Trail Improvement District	Board of Supervisors	

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	County Commission, Palm Beach County	Commissioner District 6

Net Worth

My Net Worth as of April 30, 2026 was \$ 1,526,760.00.

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 N/A.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
vehicle 1966 Oldsmobile	\$ 20,000.00
clothing	\$ 3,000.00
jewelry	\$ 2,000.00
household furnishings	\$ 5,000.00
property. 6521 Carol St Loxahatchee, FL 33470	\$ 1,500,000.00
bank account	\$ 3,000.00
FRS Retirement	\$ 4,400.00
Campaign Loans	\$ 2,276.00

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Capitol One Credit Card	PO Box 60519 City of Industry, CA 91716	\$ 5,500.00

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
Barky Pines Animal Rescue & Sanctuary	6521 Carol St. Loxahatchee, FL 33470	\$ 39,400.00
Indian Trail Improvement District	13476 61St St N West Palm Beach FL 33412	\$ 9,280.00
Accomazing Inc	6521 Carol St Loxahatchee, FL 33470	\$ 26,000.00

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
N/A			

Interests in Specified Businesses**Business Entity # 1**

Name of Business Entity	Accomazing
Address of Business Entity	6521 Carol St Loxahatchee, FL 33470
Principal Business Activity	Farming and boardding
Postion Held with Entity	VP
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	partner w spouse

Business Entity # 2

Name of Business Entity	Barky Pines Animal Rescue & Sanctuary Inc
Address of Business Entity	6521 Carol St Loxahatchee, FL 33470
Principal Business Activity	Rescue and clinic
Postion Held with Entity	VP ED
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	not for profit so no one owns

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.

Elizabeth Accomando

Digitally signed: 05/17/2026

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