FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
REC JUN 11 '21 10:10 WAL
JUN 14 2021
RECEIVED

PROCESSED 264694

LAST NAME — FIRST NAME — MIDDLE NAME:
Anderson, Tony - Walton County Commissioner Dist 5

MAILING ADDRESS:
70 Logan Ln

CITY: Santa Rosa Beach FL ZIP: 32459-5702 COUNTY: Walton

NAME OF AGENCY:
Walton County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Commissioner - District 5

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2020 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 20 was $ 230,322.83/100

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ _____

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Checking The First Bank (Formerly First Florida)	17,482.17
Real Property Lot 9 Country Club Estates QFS, FJ	17,000.00
Real Property Lot 14 Block B Windswept Estates	65,000.00
Vehicle 2013 Toyota 4 Runner	15,000.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- 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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Civil Service Retirement	1900 E St. NW DC 20415	34,572 00
Social Security Admn.	6401 Security Blvd MD, 21235	24 069. 20

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	~~PRINCIPAL BUSINESS ACTIVITY OF SOURCE~~
Walton County FL	P.O. Box 1260 DeFt	32435	57, 199 46

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	~~Civil Service Retirement~~	1900 E, NW, DC 20415	
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Tony Anderson
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Walton

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 11th day of June, 2021 by Tony Anderson.

Paige L. Early
(Signature of Notary Public--State of Florida)

Paige L. Early
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

PAIGE L. EARLY MY COMMISSION EXPIRES JANUARY 24, 2023 #HH 114078 Notary Public Underwriters NOTARY PUBLIC, STATE OF FLORIDA

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

_____ _____
Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐