FORM 6 FULL AND PUBLIC DISCLOSURE 2020

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Anderson, Benjamin F.

MAILING ADDRESS:
865 Mande Court

CITY: Shalimar | ZIP: 32579 | COUNTY: Okaloosa

NAME OF AGENCY:
Tax Collector for Okaloosa County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Tax Collector, Okaloosa County

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FLORIDA
COMMISSION ON ETHICS

JUL 06 2021

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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 June 1, 20 20 was $1,435,000.

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 $
215,000.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Vehicles – 2017 Nissan Roque $17,000., 2013 Enclave $13,000., 1995 Truck $5,000. – Total	$35,000.
#10, BD Cabana Colony, 1/3 interest - $50,000.	$50,000.
865 Mande Court, Shalimar (Home) -	$450,000.
Raymond James Investment Account - $800,000. Eglin Federal Credit Union - $130,000.	$930,000.

PART C - - LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Eglin Federal Credit Union – home, Eglin Parkway, Fort Walton Beach, FL 32547	$245,000.

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
Okaloosa County Tax Collector	1250 N. Eglin Parkway, Shalimar, FL 32579	$142,000.
Social Security	Washington DC	$30,000.

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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
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]

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

OATH

STATE OF FLORIDA

COUNTY OF Okaloosa

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

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 30th day of June, 2021 by Benjamin F Anderson.

CRISTINA DAVENPORT
Commission # HH 054245
Expires February 16, 2025
Bonded Thru Troy Fain Insurance 800-385-7019

(Signature of Notary Public--State of Florida)

Cristina Davenport

(Print, Type, or Stamp Commissioned Name of Notary Public)

Benjamin F Anderson

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

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 fi ler 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 ☐

NOTICE

Annual Full and Public Disclosure of Financial Interests is due July 1. If the annual form is not filed or postmarked by September 1 an automatic fine of $25 for each day late will be imposed, up to a maximum penalty of $1,500. Failure to file also can result in removal from public office or employment. [s. 112.3144, F.S. - applicable to officials other than judges]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding $10,000. [s. 112.317, F.S.]

INSTRUCTIONS FOR COMPLETING AND FILING FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS