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
JUL 19 2021
RECEIVED
276030

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:
ANDERSON, ANTHONY WHITMORE

MAILING ADDRESS:
4530 S.E. GERALDINE STREET

CITY: STUART ZIP: 34997 COUNTY: MARTIN

NAME OF AGENCY:
MARTIN COUNTY SCHOOL DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
SCHOOL BOARD MEMBER

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 12-31, 20 20 was $ 1,039,000.

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 $ 130,000.00 XX

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
REAL ESTATE-MIX-USE BLOCK 8 LOTS 1-4	$ 420,000.00 XX
REAL ESTATE MULTI-FAMILY SALERNO SMALL FARMS LOTS 1+2	$ 400,000.00 XX
REAL ESTATE SINGLE FAMILY RESIDENCE NEW MONROVIA BK. 12 LOTS 1-4	$ 235,000.00 XX
REAL ESTATE SINGE FAMILY RESIDENCE NEW MONROVIA BK. 12 LOTS 21-24	$ 165,000.00 XX

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PHH MORTGAGE P.O. BOX 5452 MT. LAUREL, N.J. 08054-5452	$ 101,000.00 XX
PHH MORTGAGE P.O. BOX 5452 MT. LAUREL, N.J. 08054-5452	$ 80,000.00 XX

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
PALM BEACH COUNTY SCHOOL BOARD	3300 FOREST HILL BLVD. WEST PALM BEACH, FL. 33406	$74,047.00
MARTIN COUNTY SCHOOL DISTRICT	1939 S.E. FEDERAL HWY. STUART, FL. 34994	$35,746.00

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	ANDERSON'S LANDING LLC		
ADDRESS OF BUSINESS ENTITY	4530 SE GERALDINE ST		
PRINCIPAL BUSINESS ACTIVITY	VACANT PROPERTY REAL ESTATE HOLDINGS		
POSITION HELD WITH ENTITY	OWNER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	INVESTMENT		

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.

Anthony W. Anderson
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Martin

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 14th day of July, 2021 by Anthony W. Anderson.

Martha Jean Mosley
(Signature of Notary Public--State of Florida)

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

Notary Public State of Florida
Martha Jean Mosley
My Commission GG 178650
Expires 01/24/2022

Personally Known ☐ 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 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 ☐