

2025 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 06/24/2025

General Information

Name: Ms Shirley M Anderson

PID 248061

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 01/05/2025

AGENCY INFORMATION

Organization	Suborganization	Title
Hernando County	Elected Constitutional Officer	Supervisor of Elections

Net Worth

My Net Worth as of January 5, 2025 was \$ 1,243,489.38.

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, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 1,243,489.38.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Residence - 11249 Riddle Drive	\$ 280,000.00
Vehicle - Toyota	\$ 14,000.00
Cash or CDs - Grow Financial	\$ 49,796.90
Savings - Grow Financial	\$ 80,729.48
Charles Schwab - Trust Account	\$ 46,763.00
Charles Schwab IRA Rollover	\$ 52,400.00
Charles Schwab Roth IRA	\$ 87,221.00
AuguStar IRA	\$ 279,446.00
Charles Schwab HSA	\$ 34,000.00
Naationwide Deferred Comp Plan	\$ 151,133.00
Walton County Real Estate Trust	\$ 160,000.00
Side by Side	\$ 8,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2025, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
N/A		

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

N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6F and that the facts stated in it are true.

Shirley M Anderson

Digitally signed: 06/24/2025

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