

2025 Form 1F - Final Statement of Financial Interests

Filed with COE: 09/03/2025

General Information

Name: Hon Anita Rivers

PID 282734

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 04/15/2025

AGENCY INFORMATION

Organization	Suborganization	Title
White Springs	Mayor And Town Council	Mayor

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Veteran Affairs	619 S. Marion Ave Lake City, FL 32025	Medical
Town of White Springs	10363 Bridge Street White Springs, FL 32096	Government

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write "none" or "n/a")

Location/Description

N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)
(If you have nothing to report, write "none" or "n/a")

Type of Intangible**Business Entity to Which the Property Relates**

N/A

Liabilities

LIABILITIES (Major debts valued over \$10,000):
(If you have nothing to report, write "none" or "n/a")

Name of Creditor**Address of Creditor**

N/A

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write "none" or "n/a")

Business Entity # 1

N/A

Signature of Filer***Anita Rivers***

Digitally signed: 09/03/2025

Filed with COE: 09/03/2025