

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/30/2024

### General Information

Name: Mr Randy LaVerne Anderson

PID 276026

### AGENCY INFORMATION

| Organization | Suborganization        | Title |
|--------------|------------------------|-------|
| Orange Park  | Mayor And Town Council | Mayor |

### Net Worth

My Net Worth as of May 30, 2024 was \$ 242,722.90.

### 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 \$ 47,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                   | Value of Asset |
|----------------------------------------|----------------|
| 2627 Red Fox Rd, Orange Park Fl. 32073 | \$ 382,900.00  |
| Bank Account Navy Federal Cert         | \$ 50,926.77   |
| 401K Fidelity Investment               | \$ 140,344.40  |
| Bank Account Navy Federal Checking     | \$ 10,060.64   |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor                                                 | Address of Creditor                | Amount of Liability |
|------------------------------------------------------------------|------------------------------------|---------------------|
| Mr. Cooper Mortgage 2627<br>Red Fox Rd, Orange Park Fl.<br>32073 | P.O. Box 650783, Dallas TX 75265   | \$ 230,936.88       |
| US bank Motorhome                                                | P.O. Box 790179, ST Louis MO 63179 | \$ 217,134.03       |
| Wells Fargo Credit card                                          | P.O. Box 71118 Charlotte NC 28272  | \$ 15,438.00        |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

**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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

**PRIMARY SOURCES OF INCOME:**

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income               | Amount        |
|--------------------------------------------|-------------------------------------------|---------------|
| Compass Group USA                          | 2400 Yorkmont Rd Charlotte NC 28217       | \$ 108,553.25 |
| Town of Orange Park                        | 2042 Park Ave Orange Park FL 32073        | \$ 8,746.20   |
| Defense Finance and Accounting Services    | 8899 E. 56th Street Indianapolis IN 46249 | \$ 57,379.14  |

**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

## Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

## Signature of Reporting Official or Candidate

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

***Randy LaVerne Anderson***

Digitally signed: 05/30/2024

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