

2024 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 01/07/2025

General Information

Name: Ms Karen Michelle Anchors

PID 247463

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 11/08/2024

AGENCY INFORMATION

Organization	Suborganization	Title
Commission On Ethics	Governing Board	Vice Chair

Net Worth

My Net Worth as of November 8, 2024 was \$ 3,437,146.00.

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 \$ 130,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
13 Longwood Drive, Shalimar, Florida	\$ 1,040,000.00
Bank accounts, Regions Bank	\$ 85,217.00
Bank accounts, Charles Schwab	\$ 3,300.00
Stocks, Shell PLC	\$ 6,946.00
Stocks, Verizon Communication	\$ 69,238.00
Stocks, Wells Fargo & Co	\$ 7,756.00
Bonds, City National Bank	\$ 20,000.00
Bonds, Northpointe Bank	\$ 20,000.00
Bonds, Capital Bank	\$ 20,000.00
Stock, AnchorsGordon, PA	\$ 228,774.00
Mutual Fund, T Rowe Price Overseas Stock Fund I	\$ 18,711.00
Mutual Fund, Fidelity Blue Chip Growth K6 Fund	\$ 70,166.00
Mutual Fund, Fidelity Contrafund K6	\$ 142,670.00
Mutual Fund, Transamerica Stable Value Core Account	\$ 132,572.00
Mutual Fund, American Funds Growth Fund of America Ret Acct	\$ 1,362,343.00
Mutual Fund, Invesco Diversified Dividend Ret Acct	\$ 140,736.00
Mutual Fund, Vanguard Total Stock Market Index Ret Acct	\$ 203,579.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
JPMorgan Chase Bank, NA	700 Kansas Lane, Monroe, LA 71203	\$ 264,862.00

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, 2024, 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
AnchorsGordon PA	2113 Lewis Turner Blvd Ste 100, Fort Walton Beach, FL 32547	\$ 541,497.00
Verizon Communication	c/o Charles Schwab, 3000 Schwab Way, Westlake, TX 76262	\$ 4,268.00

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	N/A	N/A	N/A

Interests in Specified Businesses**Business Entity # 1**

N/A

CPA/Attorney Signature Only

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, **Elisabeth R Ashley** prepared the CE Form 6F 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.

Elisabeth R Ashley

Digitally signed: 01/06/2025

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.

Karen Michelle Anchors

Digitally signed: 01/07/2025

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