

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

Filed with COE: 01/07/2025

General Information

Name: Mrs Anita D Burnette

PID 289564

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 11/19/2024

AGENCY INFORMATION

Organization	Suborganization	Title
Volusia County School Board	Elected Constitutional Officer	Board Member Chair

Net Worth

My Net Worth as of November 19, 2024 was \$ 465,352.73.

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 \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Burnette Home	\$ 418,000.00
Bank Accounts	\$ 16,796.51
403-B	\$ 112,116.00
Whole Life Insurance-Cash Value	\$ 32,039.32
Stock Accounts	\$ 11,766.90
Personal vehicle	\$ 13,500.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
PNC Bank	PO Box 8807 Dayton, OH 45401-8807	\$ 157,416.00
LOVESAC	PO Box 71715 Philadelphia, PA 19176-1715	\$ 6,450.00

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
Halifax Health	303 N Clyde Morris Blvd Daytona Beach, FL 32114	\$ 119,651.14
The School Board of Volusia County	200 N Clara Ave, Deland, FL 32720	\$ 44,110.89

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.

Anita D Burnette

Digitally signed: 01/07/2025

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