2024 Form 1 - Statement of Financial Interests

Filed with COE: 02/17/2025

General Information

Name: Ms Rhonda A Anderson

PID 278691

AGENCY INFORMATION

Organization	Suborganization	Title
Coral Gables	City Commission	Commissioner

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City Commission	Commissioner, Group II

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

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
RHONDA A ANDERSON, P.A.	2655 LeJeune Road, Ste. 540, Coral Gables, FL 33134	Attorney
CITY OF CORAL GABLES	405 Biltmore Way, Coral Gables, FL 33134	Vice Mayor

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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
Certificates of Deposit	Discover Bank
Bank and Savings Account	City National Bank of Florida
Savings	Space Coast Credit Union
Annuity	Prudential
Life Insurance	Lincoln Financial and Northwestern Mutual
Mortgage	Lauren Viego
Investments	Raymond James
Investments	Blue Owl
Defined Contribution Plan	Florida Retirement System Investment Account

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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

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, 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.

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Signature of Filer

Rhonda A Anderson

Digitally signed: **02/17/2025**

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