

PART D -- 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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Child Guidance Center, Inc	5776 St. Augustine Rd., Jacksonville, FL	\$34118
Foundations Therapy Jax	6000-A Sawgrass Village Cir #12, PonteVedra	\$9615

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY	N/A		
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY	N/A		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A		
NATURE OF MY OWNERSHIP INTEREST	N/A		

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

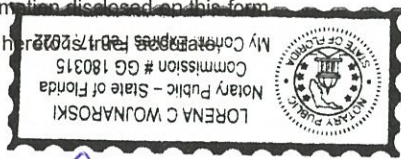
OATH

STATE OF FLORIDA
 COUNTY OF DUVAL

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true and complete.

Sworn to (or affirmed) and subscribed before me this 8th day of

June, 2018, by ELIZABETH A-K. ANDERSON



[Signature]
 (Signature of Notary Public - State of Florida)

LORENA C. WOJNAROWSKI
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Elizabeth Andrie
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification FDWL
 Type of Identification Produced A 53622/837020

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, _____, prepared the CE Form 6 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.

 Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

Form 6- Attached Form-Elizabeth Andersen- Assets

Bank Account, Self, Community First Credit Union of Florida	\$5,991.00
Bank Account, Shared Account w/ Relative, Community First Credit Union of Florida	\$22,206.00
IRA- Vanguard, Various Funds	\$5,458.00
401K, Ascensus, Various Funds	\$35,003.00
4435 Deep River Way E, Jacksonville FL 32224	\$286,424.00
Bank Account, Sole Proprietorship, Foundations Therapy Jax	\$8,225.00
Bank Account, Shared Account w/ Relative, Community First Credit Union of Florida	\$2,000.00
Brokerage Account, LPL Financial, Various Funds	\$43,318.00
	\$408,625.00