FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUN 17 2016

RECEIVED

PROCESSED

**********AUTO**MIXED AADC 323 T8 P1 28
Audrey M Edmonson
County Commissioner, District 3
Miami-Dade County
Elected Constitutional Officer
Ph 1
600 NE 36th St
Miami FL 33137-3945

ID Code

ID No. 17542

Conf. Code

Edmonson , Audrey M

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, , 20 15 was $ 340,500.00 .

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is $ _____

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Furniture, Collectables, Paintings & Jewelry	95,500.00
Savings	9,000.00
Life Insurance	100,000.00
401K	189,000.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Navient Solutions, Inc.	38,000.00
South Florida Educational Credit Union	8,000.00
Discover	7,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

(Continued on reverse side)

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2015 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
Dade County Public School	1450 NE 2 Ave. Miami 33132	72,000.00
Miami-Dade Board of County Commissioners	111 NW 1st Street Miami 33128	47,984.48
Eastern Airlines Twi Flight Att Plan	P.O. Box 151750 Alexandria VA	2544.60

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
	- None -		

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY	- None -		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

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, accurate, and complete.

Audrey M. Emerson

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 8 day of June, 2016 by Audrey M. Emerson.

(Signature of Notary Public--State of Florida)

Darryl K. Baxter

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

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 ☐

FD 2141

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

RECEIVED
CLERK OF THE BOARD
2016 JUN 15 PM 1:15

FOR OFFICE USE ONLY:

2016 JUN 20 PM 2:39
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

*********AUTO**MIXED AADC 323 T6 P1 26
Audrey M Edmonson
County Commissioner, District 3
Miami-Dade County
Elected Constitutional Officer
Ph 1
600 NE 36th St
Miami FL 33137-3945

ID Code
ID No. 17542
Conf. Code
Edmonson , Audrey M

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PART A -- NET WORTH

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DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
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Savings	9,000.00
Life Insurance	100,000.00
401K	189,000.00

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LIABILITIES IN EXCESS OF $1,000 (See Instructions on page 4):

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South Florida Educational Credit Union	8,000.00
Discover	7,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

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

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EASTERN Airlines Trust Flight Att Plan	P.O.Box 151750 Alexandria VA	2514.60

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
	None		

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY	None		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

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, accurate, and complete.

Audrey M. Edmonson

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 8 day of June, 2016 by Audrey M. Edmonson

DARRYL K. BAXTER
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF238175
Expires 2/22/2017

(Signature of Notary Public–State of Florida)

Darryl K. Baxter

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

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.

MIAMI-DADE COMMISSION ON ETHICS
2016 JUN 20 PM 2:39

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 ☐

TRANSMITTAL LETTER

Clerk of the Board Division

INTER-OFFICE

Miami, FL 33128
111NW 1st Street, Suite 17-202
Office: (305) 375-5127 Fax: (305) 375-2484

SUBMITTED TO: Carmen Bofill
Miami Dade Elections Department
2700 NW 87th Avenue
Miami, Florida 33172

Date: June 16, 2016

Please acknowledge receipt of: Statement of Financial Interests/

Name	Agency
Audrey M. Edmonson	Dade County Public School Miami-Dade Board of County Commissioner

By: *Loren Smith*
Commission Clerk
305-375-1287
lsmith@miamidade.gov

Received by: _____

Date: _____

CLERK OF THE BOARD
2016 JUN 16 PM 3:24
MIAMI-DADE COUNTY, FLA.

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
2016 JUN 20 PM 2:39
RECEIVED

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

RECEIVED 2015

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

2016 JUN -9 AM 10: 34

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:
Edmonson, Audrey A.

MAILING ADDRESS:
600 NE 36 Street

PH - 1

CITY: Miami ZIP: 33137 COUNTY: Miami-Dade

NAME OF AGENCY: Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT: County Commissioner, District 3

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

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PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Navient Solutions, Inc. P.O. Box 9500 Wilkes Barre, PA 18773	38,000.00
South Florida Educational Credit Union	8,000.00
Discover P.O. Box 6103 Carol Stream, IL 60197 12498 NE 2 Ave Miami FL 33161	7,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

FD 2161

PART D -- INCOME

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(If you check this box and attach a copy of your 2015 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
Dade County Public Schools	1450 NE 2nd Ave Miami, FL 33132	22,000.00
Miami-Dade Board of County Commissioners	111 NW 1st Street Miami, FL 33128	49,984.48
EASTER SEALS INC. 1 West Plume Drive Ste 200	POBOX 75256 ALEXANDRIA VA 22314-6256	

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

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NATURE OF MY OWNERSHIP INTEREST			

RECEIVED
2016 JUN -9 AM 10:3
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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Audrey Anne Edmonson
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 9th day of June, 2016 by Audrey Anne Edmonson.

Anne Vanessa Innocent
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ____ OR Produced Identification ____

Type of Identification Produced Driver License

ANNE VANESSA INNOCENT
Notary Public - State of Florida
My Comm. Expires Jun 2, 2018
Commission # FF 116919

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.

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