

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2019**Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

PROCESSED**266367**SUPERVISOR OF ELECTIONS
MARION COUNTY FLORIDA

2020 JUN -5 PM 1:11

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Gold Jeffrey Alan

MAILING ADDRESS:

601 SE 25th Avenue

CITY:

Ocala

ZIP:

34471

COUNTY:

Marion

NAME OF AGENCY:

Marion County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Marion County Commission, District 3

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, 2019 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 2019 was \$ 1,144,776.12.**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 \$ 212,200.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Nationwide 457 Account	\$380,422.38
CenterState Personal Checking	\$18,301.14
TIAA	\$8,522.80

PART C -- LIABILITIES**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
US Bank, 4801 Frederica St., Owensburg, KY 42301	84,907.96
FEDLOAN, PO Box 53021 Atlanta, GA 30353	\$16,907.44

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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MARION COUNTY, FLORIDA

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RECEIVED**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2019 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 2019 was \$ 1,144,776.12.

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 \$ 232,200.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

3211 SE 41st Place Ocala, FL 34480

\$296,030.00

735 SE 34th Avenue, Ocala, FL 34471

\$86,074.00

401 Oak Rd, Ocala, FL 34472

74,500.00

PART C -- LIABILITIES**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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
FRS	PO Box 9000, Tallahassee, FL 32315	67,712.34
MCBCC	PO Box 1030, Ocala, FL 34480	80082.51

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
GSA Services, INC	Life Safety Solutions	3510 SW Corporate Pkwy, #	Training
GSA Services, INC	TACS	1600 International Dr., McI	Training

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	GSA Services, INC		
ADDRESS OF BUSINESS ENTITY	PO Box 2046 Ocala, FL 3447		
PRINCIPAL BUSINESS ACTIVITY	Training, Logistics, Travel		
POSITION HELD WITH ENTITY	CEO		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Full		

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Marion

Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this 5th day of

June, 2020 by Nadja M. Griffin
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
COMMISSION # GG219183
EXPIRES: Sept. 10, 2022
Rondal Thor Aaron Notary

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 ☒

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 2019 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.

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
College of Central Florida	3001 SW College Rd, Ocala, FL 34474	\$22,746.35

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
GSA Services, INC	AVIS Car Rental	6 Sylvan Way, Parsippany, NJ	Travel Commission
GSA Services, INC	IHG	3 Ravina Dr. Ste. 100, Atlanta, GA	Travel Commission

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

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POSITION HELD WITH ENTITY	CEO		
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NATURE OF MY OWNERSHIP INTEREST	Full		

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☒ 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.

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Marion

Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this 5th day of

June, 20 20 by Jethen Gold

(Signature of Notary Public—State of Florida)



Nadja M. Griffis
COMMISSION # GG219183
EXPIRES: Sept. 10, 2022

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

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

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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 _____

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