FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2020

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

LAST NAME — FIRST NAME — MIDDLE NAME:
Edmonson Audrey M.

MAILING ADDRESS:
600 NE 36th Street
#1221

CITY: Miami Fl. ZIP: 33137 COUNTY: Miami Dade

NAME OF AGENCY:
Miami Dade Board of County Commissioners

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

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:

PROCESSED
FLORIDA
COMMISSION ON ETHICS
OCT 25 2021
RECEIVED

n542

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2020 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 20 was $ 643,407.08.

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 & Jewlry	110,000.00
Savings	108,000.00
Life Insurance	100,000.00
401 K	378,000.00

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Navient	25,000.00
South Florida Educational Credit Union	10,000.00
Discover	11,000.00
Land Rover Financial Group	6,592.92

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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 33132	86,920.76
MDC Board of County Commissioners	111 NW 1st Street Miami 33128	46,163.28
EASTERN AIRLINES Two Flight Attendant PLAN	P.O. BOX 151750 Alexandria, VA	2,514.60

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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☑ **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 Florida
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 13 day of October, 2021 by Eleora W. Brooks

(Signature of Notary Public--State of Florida)

Eleora W. Brooks

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

Personally Known ✓ OR Produced Identification

Type of Identification Produced

ELEORA W. BROOKS
MY COMMISSION # GG 323238
EXPIRES: May 4, 2023
Bonded Thru Notary Public Underwriters

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 ☐



Ms. Audrey M. Edmonson
Apt 1221
600 NE 36th St
Miami, FL 33137-3938

CERTIFIED MAIL®

7021 0950 0001 3595 0209

RETURN RECEIPT REQUESTED

Commission on Ethics
Post Office Drawer 15709
Tallahassee, Florida 32317-5709

32317$5709 B039

1020

32317

U.S. POSTAGE PAID
FCM LETTER
MIAMI, FL
33127
OCT 19, 21
AMOUNT
$7.38
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