# FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2021

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

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
JUL 01 2022
RECEIVED

PROCESSED

26163167

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 Commissioner 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, 2021 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 21 was $ 1,015,858.63.

## 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 $ 242,800

**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, Florida 34480 | $ 293,336 |
| 735 SE 34th Avenue, Ocala, Florida 34471 | $ 116,666 |
| 401 Oak Road, Ocala, Florida 34472 | $ 74,500 |
| Nationwide 457 Account | $ 410,739.17 |

## 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 | 67,241.83 |
| FEDLOAN, PO Box 53021, Atlanta, GA, 30352 | 10,221.67 |
| | |
| | |

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| | |
| | |
| | |



(Continued on reverse side)

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2021

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Gold, Jeffrey Alan

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## PART A – NET WORTH

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My net worth as of December 31, 20 21 was $ 1,015,858.63.

## PART B – ASSETS

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The aggregate value of my household goods and personal effects (described above) is $ 242,800.00

**ASSETS INDIVIDUALLY VALUED AT OVER $1,000:**

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|---|---|
| TIAA Retirement Account | $ 9,372.46 |
| Checking Account: CenterState/SouthState Bank | $ 14,420.57 |
| | |
| | |

## PART C – LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
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| | |
| | |
| | |

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|---|---|
| | |
| | |
| | |



(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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2021 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 | 71,696.88 |
| MCBCC | PO BOX 1030, Ocala, FL 34480 | 83,649.70 |

**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 | Amazon/Kindle/Audible | 440 Terry Ave. N. Seattle, WA 98109 | Book Sales |
| GSA Services | TACS | PO Box 31800, Henrico, VA 23294 | Comm. from Travel Agcy. |

## 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 | | |
| ADDRESS OF BUSINESS ENTITY | PO Box 2046, Ocala, FL 34480 | | |
| PRINCIPAL BUSINESS ACTIVITY | Travel, Publishing, Training, Logistics | | |
| 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

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.

**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 21st day of June, 2022 by Jeffrey Gold.

Blair-Clark
(Signature of Notary Public–State of Florida)

JENNIFER R. CLARK
Notary Public-State of Florida
Commission # HH 165358
My Commission Expires
October 03, 2025

(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** ☐

## 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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2021 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 |
|---|---|---|
| College of Central Florida | 3001 SW College Road, Ocala, FL 34474 | $ 10,653.05 |
| Town of Indian River Shores | 6001 Highway A1A, Indian River Shores, FL 32863 | $ 8,288.00. |

**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 | Amazon/Kindle/Audible | 440 Terry Ave. N. Seattle, WA 98109 | Book Sales |
| GSA Services | TACS | PO Box 31800, Henrico, VA 23294 | Travel Commission |

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| PRINCIPAL BUSINESS ACTIVITY | Travel, Publishing, Training, Logistics | | |
| POSITION HELD WITH ENTITY | CEO | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | Yes | | |
| NATURE OF MY OWNERSHIP INTEREST | Full | | |

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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.

**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 21st day of June, 2022 by Jeffrey Gold.

Jennifer R. Clark
(Signature of Notary Public–State of Florida)

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

JENNIFER R. CLARK
Notary Public-State of Florida
Commission # HH 165358
My Commission Expires
October 03, 2025

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.

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