

FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTSFLORIDA 2018
COMMISSION ON ETHICS

JUN 26 2019

RECEIVED

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Audrey M Edmonson
Mdx Board Member
Miami-Dade Expressway Authority
Board Of Directors
Caleb Center
5400 NW 22nd Ave Ste 701
Miami, FL 33142-3075

PROCESSED



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, 2018 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 18 was \$ 470,136.00

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
<u>Furniture, Collectables, Paintings and Jewelry</u>	<u>96,500.00</u>
<u>Savings</u>	<u>15,000.00</u>
<u>LIFE INSURANCE</u>	<u>100,000.00</u>
<u>401K</u>	<u>325,000.00</u>

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>Navient Solutions</u>	<u>32,000.00</u>
<u>South Florida Educational Credit Union</u>	<u>9,000.00</u>
<u>Discover</u>	<u>9,200.00</u>
<u>Land Rover Financial Group</u>	<u>16,164.00</u>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>None</u>	

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 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	75,018.16
MDC BOARD of County Commissioners	111 NW 1st Street MIAMI 33128	47,958.42
Eastern Airlines TWA Flight Att 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			
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.

STATE OF FLORIDA
COUNTY OF

Miami Dade

Sworn to (or affirmed) and subscribed before me this 19th day of

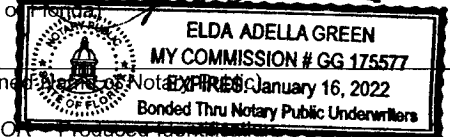
JUNE, 20 19 by Audrey Edmonson

Elida A. Green
(Signature of Notary Public--State of Florida)

ELIDA A. GREEN
(Print, Type, or Stamp Commissioned Notary Public, State of Florida)

Personally Known ☒

Or Produced Identification ☐



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 ☐

FORM 6

FULL AND PUBLIC DISCLOSURE

2018

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Edmondson Audrey Moss

MAILING ADDRESS:

5400 N.W. 23rd Avenue

Suite 200

CITY:

Miami

ZIP:

33142

COUNTY:

Miami-Dade

NAME OF AGENCY:

MDC 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 ☐

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2018 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, 2018 was \$ 470,136.00.

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401K	325,000.00

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Discover	9,200.00
LAND ROVER FINANCIAL GROUP	16,164.00

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POSITION HELD WITH ENTITY			
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NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

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☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

STATE OF FLORIDA
COUNTY OF MIAMI DADE

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.

Sworn to (or affirmed) and subscribed before me this 19th day of

JUNE, 20 19, by Audrey Edmonson

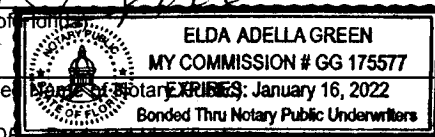
(Signature of Notary Public--State of Florida)

ELDA A. GREEN

(Print, Type, or Stamp Commission)

Personally Known ☒ Of Notary Public

Type of Identification Produced



Audrey Edmonson
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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