2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/02/2025

General Information

Name: Edward Gaw

PID 286265

AGENCY INFORMATION

Organization	Suborganization	Title
Green Cove Springs	Mayor and City Council	City Council Member

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
rec-com outdoors, inc.	3529 enterprise way, gcs, fl	Fishing Line sales
breakneck creek resources, inc.	3529 enterprise way, gcs, fl	royalties - natural gas
high ground holdings, inc.	3529 enterprise way, gcs, fl	property management

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
rec-com outdoors, inc.	sales - fishing line	3529 enterprise way, gcs, fl	distribution - fishing lines
breakneck creek resources, inc.	natural gas	3529 enterprise way, gcs, fl	royalty - natural gas wells
high ground holding, inc.	property management	3529 enterprise way, gcs, fl	rental

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
3529 enterprise way, gcs, fl
3540 enterprise way, gcs, fl
352 magnolia street, gcs, fl
205 bayard street, gcs, fl
1529 north fletcher, fernandina beach, fl
220 palmer street, gcs, fl

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
N/A	

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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Signature of Filer

Edward Gaw

Digitally signed: **06/02/2025**

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