

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

OFFICE USE ONLY
RECEIVED

Proof of residency provided:

- Driver's License
 Voter Information Card
 Property Tax Receipt
 Utility Bill
 Homestead Exemption Receipt
 Lease Agreement

MIAMI-DADE
ELECTIONS

OATH OF CANDIDATE

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, Audrey M. Edmonson
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Miami Dade Commissioner, 3
(OFFICE) (DISTRICT/AREA/SUBAREA)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X Audrey M. Edmonson (305) 582-1980 amedmonson@yahoo.com
Signature of Candidate Telephone Number Email Address
295 N.E. 88 Street El Portal Florida 33138
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 00676963

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 1 day of June, 2012.

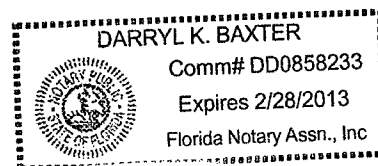
Personally Known: or

Produced Identification: _____

Type of Identification Produced:

Darryl K. Baxter
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2011

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FOR OFFICE USE ONLY: JUN - 1 PM 3: 51



AUDREY MOSS EDMONSON
 COUNTY COMMISSIONER, DISTRICT 3
 MIAMI-DADE COUNTY
 ELECTED CONSTITUTIONAL OFFICER
 295 NE 88 ST
 EL PORTAL, FL 33138-3102

MIAMI-DADE ELECTIONS

ID Code



ID No. 17542

Conf. Code

P. Req. Code

Edmonson, Audrey Moss

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, 2011, 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, 2011 was \$ 381,000.00

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.

The aggregate value of my household goods and personal effects (described above) is \$ 545,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home	385,000.00
Furniture and Collectables (figurines)	45,000.00
Savings	4,000.00
Life Insurance	100,000.00
Jewelry	11,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Sallie Mae Servicing P.O. Box 9532 Wilkes Barre, PA.	16,000.00
South Florida Educational Credit Union 7800 SW 117 Ave	9,000.00
HFC Mortgage Company	139,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

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 2012 JUN - 1 PM 3: 51

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Miami Dade Public Schools	1444 Bisc. Blvd. Miami	56,280.11
Miami Dade County BCC	111 NW 1st Street Miami	49,693.20
Eastern Airlines TWU Flight Att. Plan	P.O. Box 5149 Boston, MASS	2,514.60

MIAMI-DADE ELECTIONS

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 5]

	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			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

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.

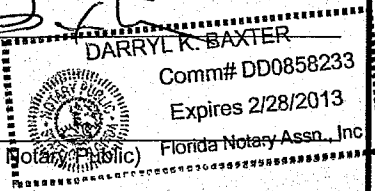
STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 1st day of

June, 2012 by Audrey Edmondson

Darryl K. Baxter
 (Signature of Notary Public--State of Florida)

DARRYL K. BAXTER
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known OR Produced Identification

Type of Identification Produced _____


Audrey Edmondson
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
 OTHER FORMS you may need to file are described on page 6.

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MIAMI-DADE
ELECTIONS



Florida *The Sunshine State*
DRIVER LICENSE

AUDREY ANITA
EDMONSON
295 NE 88TH ST
EL PORTAL, FL 33138-0000
DOB: 01-27-1953 SEX: F
ISSUED: 01-27-2011 HGT: 5-00
EXPIRES: 01-27-2019

ST: [REDACTED]
ADDRESS: [REDACTED]

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741194

RECEIVED FROM Audrey M. Edmonson

DATE 6 / 1 / 12
MONTH DAY YEAR

ADDRESS 15E 3rd Avenue 21st Floor
STREET ADDRESS

CASH \$ _____

Miami CITY FL STATE 33131 ZIP

CHECKS \$ 360 . 00

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00/100 CENTS

TOTAL \$ 360 . 00

FOR PAYMENT OF: Qualifying Fee - Commission District 3

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

BY: Anne S. ...

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04



AUDREY M EDMONSON CAMPAIGN ACCOUNT

63-215/631
1000134510060

1011

Date 6/1/12

Pay to the order of Board of County Commissioners \$ 360.00

three hundred sixty dollars 00/100

Dollars Security Features Indicated Details on Back.



ACH RT 061000104

Memo 2012 County Commissioner district 3 Candidate Qualifying Fee



MP