

MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- |                                                      |                                                      |
|------------------------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill                |
| <input type="checkbox"/> Voter Information Card      | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt        | <input type="checkbox"/> Lease Agreement             |

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

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 PERIOD)  
am a candidate for the nonpartisan office of Miami Dade County Commissioner  
(OFFICE) (DISTRICT/GROUP/SEAT #) Dist. 13

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; and 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 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  
600 NE 36<sup>th</sup> Street PH-1 MIAMI FL. 33137  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109060751

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):  
Au-drey M. Ed-mon-son

STATE OF FLORIDA  
COUNTY OF Miami-Dade  
Sworn to (or affirmed) and subscribed before me this 9<sup>th</sup> day of June, 20 16.  
Personally Known: \_\_\_\_\_ or  
Produced Identification:   
Type of Identification Produced: Driver License

Anne Vanessa Innocent  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public





Florida *The Sunshine State*  
DRIVER LICENSE CLASS E



AUDREY AVITA  
EDMONSON  
600 NE 36TH ST PH1  
MIAMI, FL 33137-3945  
DOB: 01-27-1953 SEX: F HT: 06  
ISSUED: 01-26-2011  
EXPIRES: 01-27-2018  
REST  
ENDORSE:  
REPLACED: 04-23-2013

*Audrey Avita Edmonson*  
ORIGINAL SIGNATURE

SAFE DRIVER

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

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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**FORM 6**

**FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS**

**RECEIVED 2015**

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

FOR OFFICE USE ONLY:

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

Edmonson, Audrey A.

MAILING ADDRESS:

600 NE 36 Street

PH - 1

CITY:

Miami

ZIP:

33137

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

Miami Dade County

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, 2015 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 15 was \$ 340,500.00.

**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
Furniture, Collectables, Paintings & Jewelry	95,500.00
Savings	9,000.00
Life Insurance	100,000.00
401K	189,600.00

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Navient Solutions, Inc. P.O. Box 9500 Wilkes Barre, PA 18713	38,000.00
South Florida Educational Credit Union	8,000.00
Discover 1498 NE 2 Ave Miami, FL 33132	7,000.00
P.O. Box 6103 Carol Stream, Ill. 60197	

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2015 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 2 <sup>nd</sup> Ave MIAMI, FL 33132	22,000.00
MIAMI-DADE Board of County Commissioners	111 NW 1 <sup>st</sup> Street MIAMI, FL 33108	47,984.48
EASTERN AIRLINES Two Flight Attendant	PO BOX 151750 ALEXANDRIA VA 22314-00	

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., or 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			

None

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 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**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**

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 9<sup>th</sup> day of

June, 20 16 by Audrey Anita Edmonson

Anne Vanessa Innocent  
 (Signature of Notary Public--State of Florida)

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

Personally Known \_\_\_\_\_ My Comm. Expires Jun 2, 2018

Type of Identification Produced Driver License  
 Commission # FF 116919



Audrey A Edmonson  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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**



**OFFICIAL RECEIPT**  
 MIAMI-DADE COUNTY-FLORIDA

NO. 1123304

RECEIVED FROM Audrey Edmonson  
 ADDRESS 801 Brickell Ave Ste 900  
 STREET ADDRESS  
Miami CITY FL STATE 33131 ZIP

DATE 6 / 3 / 16  
 MONTH DAY YEAR

CASH \$ \_\_\_\_\_  
 CHECKS \$ 360 <sup>00</sup>  
 TOTAL \$ 360 <sup>00</sup>

AMOUNT OF: Three hundred sixty DOLLARS, AND 00/100 CENTS

FOR PAYMENT OF: Qualifying Elections County Commissioner District 3  
 THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: A. J. Amos

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

0067

**Audrey Edmonson Campaign**  
 c/o: Anthony Brunson  
 801 Brickell Ave., Ste. 900  
 Miami, FL 33131  
 305-789-6673



6-3-16

PAY TO THE ORDER OF

Miami Dade County

\$360.00

DOLLARS

Three hundred sixty <sup>00</sup>/<sub>100</sub>

Miami Dade County Commissioner, Dist. 3

Void After 90 Days

MEMO

Qualifying Fee

[Signature]  
 AUTHORIZED SIGNATURE

MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

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