

FORM 6

FULL AND PUBLIC DISCLOSURE

2019

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:

Gibson, Russell Howard

MAILING ADDRESS:

3351 Schoolhouse Rd.

OSC SOE JUN8'2013 15

CITY:

Harmony

ZIP:

34773

COUNTY:

Osceola

NAME OF AGENCY:

Osceola County Sheriff's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Office of Sheriff

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, 2019 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 19 was \$ 186,845.00.

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 \$ 110,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SunTrust (checking Account)	16,342.00
3351 Schoolhouse Rd., Harmony, FL 34773	535,000.00
ICMA-RC Deferred Compensation Retirement	63,809.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Andrews Federal Credit Union: P.O. Box 4000, Clinton, MD 20735	392,376.00
Andrews Federal Credit Union: P.O. Box 4000, Clinton, MD 20735 (HSLC)	108,600.00
SunTrust: dba Lightstream: 303 Peachtree St NE, Atlanta, GA 30308	12,000.00
Southeast Toyota Finance: P.O. Box 91817, Mobile, AL 36601-8000	8500.00
Fairwinds Federal Credit Union: 3087 N. Alabama Trl., Orlando, FL 32826	17430.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

N/A = Not Applicable on Name

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 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
Osceola County Sheriff's Office	2601 E. 1st 10 Brandon Memorial Hwy Kissimmee, FL 34744	\$157,670.00
Florida Retirement System Pension	1317 Windwood Blvd #8 Tallahassee, FL 32309	\$49,486.00

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
N/A	N/A	N/A	N/A

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None	None	None
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 Osceola

Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this 5th day of

June, 2020 by Russell Gibson

(Signature of Notary Public--State of Florida)

Michele Lynn DiStefano

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

Personally Known ☐

OR Produced Identification ☒

Type of Identification Produced _____

MICHELE LYNN DI STEFANO
Notary Public - State of Florida
Commission # GG131712
My Comm. Expires Aug 6, 2021
Bonded through National Notary Assn.

Russell Gibson
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 ☐

N/A = Not Applicable or None