

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS
DATE RECEIVED

JUN 28 2013



*****AUTO**MIXED AADC 323 T8 P1 53

Audrey M Edmonson
County Commissioner, District 3
Miami-Dade County
Elected Constitutional Officer
295 Ne 88th St
El Portal, FL 33138-3102

PROCESSED

ID Code



ID No 17542

Conf. Code

P. Req. 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, 2012, 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 12 was \$ 421,500.00

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.

The aggregate value of my household goods and personal effects (described above) is \$ 561,000.00

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 & Collectables (figurines)	60,000.00
Savings	4,000.00
Life Insurance	100,000.00
Jewelry	12,000.00

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 (Line of Credit)	8,500.00
HFC Mortgage Co.	115,000.00

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 2012 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 2012 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2012 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
Miami Dade Public Schools	1444 Bisc. Blvd. Miami	55,034.39
Miami Dade County BCC	111 NW 1st Street Miami	49,659.40
Eastern Airlines Flight Attn Plan	P.O. Box 5249 Boston MASS.	2514.60

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			

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

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 25 day of

Audrey M. Edmondson
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

JUNE, 2013 by Audrey M. Edmondson

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

DARRYL K. BAXTER
 (Print, Type, or Stamp Commissioned Name of Notary Public)  **DARRYL K. BAXTER**
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# EE864708
 Expires 2/28/2017

Personally Known OR Produced Identification

Type of Identification Produced _____

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.