

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
Negrón, Jr., Joseph

MAILING ADDRESS:  
3500 S.W. Corporate Pkwy., Suite 204

CITY: ZIP: COUNTY:  
Palm City 34990 Martin

NAME OF AGENCY:  
Florida State Senate

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
State Senator, District 32

CHECK IF THIS IS A FILING BY A CANDIDATE

43999

FLORIDA  
COMMISSION ON ETHICS

JUN 30 2014

RECEIVED

PROCESSED

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2013, 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, 20 13 was \$ 785,348.

**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 \$ 92,340 (includes personal use vehicle)

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached Amendment.	

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Seacoast Bank, 815 Colorado Ave., Stuart, FL -- home mortgage	39,926
Chase Bank, 3399 PGA Blvd., Palm Beach Gardens, FL -- loan	55,781
GMAC-Ally Finance, Box 7823, Phoenix, AZ -- vehicle loan	5,884

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2013 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 2013 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2013 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
Gunster Law Firm	777 Flagler Dr., West Palm Beach, FL	\$278,902
Florida Legislature	404 Monroe St., Tallahassee, FL	26,646
Joseph Negron, Jr., PA	P.O. Box 2589, Stuart, FL	2,525

**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
Joseph Negron, Jr., PA	Crary Buchanan	759 S.E. Federal Hwy., Stuart, Florida	Law Firm

**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**

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 Martin

Sworn to (or affirmed) and subscribed before me this 15<sup>th</sup> day of

June, 2014 by Joseph Negron, Jr.

*[Handwritten Signature]*

(Signature of Notary Public--State of Florida)

Cheryl A Vancura

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



Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

*[Handwritten Signature]*  
 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.**

**Attachment to 2013 Financial Disclosure Form by Joseph Negron, Jr.**

**PART B – ASSETS**

State of Florida FRS Retirement Account -- \$51,482.35

Personal Residence at 11057 S.W. Redwing Dr., Stuart, FL 34997 -- \$587,000

Gunster Law Firm Retirement Account -- \$54,348.73

Joseph Negron, Jr., PA -- \$100,170

TD Bank Checking Account, Stuart, FL -- \$28,353.72

TD Bank Savings Account, Stuart, FL -- \$5,000.00

Bank of America Checking Account, Stuart, FL -- \$8,676.90

Bank of America Savings Account, Stuart, FL -- \$2,607.94

**OF FINANCIAL INTEREST**

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

RECEIVED FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
Negrón, Jr., Joseph

MAILING ADDRESS:  
3500 S.W. Corporate Pkwy., Suite 204

CITY: ZIP: COUNTY:  
Palm City 34990 Martin

NAME OF AGENCY:  
Florida State Senate

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
State Senator, District 32

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DEPARTMENT OF STATE

14 JUN 17 AM 10:00

DIVISION OF ELECTIONS  
TALLAHASSEE, FL

43999

PROCESSED

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**OATH**

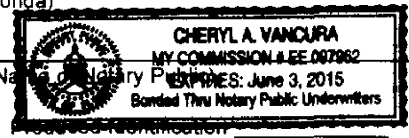
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Martin

Sworn to (or affirmed) and subscribed before me this 15<sup>th</sup> day of June, 2014 by Joseph Negron, Jr.

[Signature]  
 (Signature of Notary Public--State of Florida)

Cheryl A. Vancura  
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known X OR  

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced  

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