

**FORM 6**

**FULL AND PUBLIC DISCLOSURE**

**2015**

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:  
Negron, Jr., Joseph

MAILING ADDRESS:  
3500 S.W. Corporate Parkway, 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

Date Received  
06/21/2016

43999

**PROCESSED**

**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 \$ 828,646.

**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 \$ 136,412

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

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

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Bank, 3399 PGA Blvd., Palm Beach Gardens, FL -- loan	\$53,641
Ally Financial, Box 9001951, Louisville, KY 40290 -- loan	\$27,376

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**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
Gunster Law Firm	777 Flagler Drive, West Palm Beach, FL	\$225,952
Florida Legislature	404 Monroe Street, Tallahassee, FL	\$26,646

**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

**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			
DO 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**

STATE OF FLORIDA  
 COUNTY OF Martin

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 19<sup>th</sup> day of

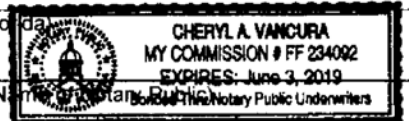
June, 2016 by Joseph Negrón, Jr.

*[Signature]*

(Signature of Notary Public--State of Florida)

Cheryl A Vancura

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



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

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

*[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.**

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

Attachment to 2015 Financial Disclosure Form by Joseph Negron, Jr.

PART B – ASSETS

State of Florida FRS Retirement Account -- \$75,073.22

Personal Residence at 11057 SW Redwing Drive, Stuart, FL 34997 -- \$611,000

Gunster Law Firm Retirement Account -- \$93,608.33

Joseph Negron, Jr., PA -- \$61,065

TD Bank checking account -- \$9,409.66

TD Bank savings account -- \$1,070.11

Bank of America checking account -- \$1,239.75

Bank of America savings account -- \$1,182.69

Great Nation Investment Corporation bond -- \$5,000.00