

FORM 6

FULL AND PUBLIC DISCLOSURE

2016

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

43999

FLORIDA
COMMISSION ON ETHICS
JUN 28 2017
RECEIVED

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:

Negron, Jr., Joseph

MAILING ADDRESS:

3500 S.W. Corporate Parkway, Suite 205

CITY:

Palm City

ZIP:

34990

COUNTY:

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

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2016 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 16 was \$ 952,634.

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
See Attachment 1 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	\$51,807
Ally Financial, Box 9001951, Louisville, KY 40290	\$23,163

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2016 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	\$278,887
Florida Legislature	404 Monroe Street, Tallahassee, FL	\$28,502

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

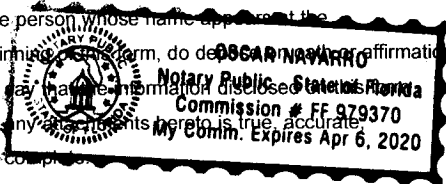
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 declare under affirmation and swear that the information disclosed herein and any attachments hereto is true, accurate and complete.



Sworn to (or affirmed) and subscribed before me this 21 day of June, 2017 by Joseph Negron JR.
 (Signature of Notary Public--State of Florida)

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

Joseph Negron Jr.
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification
 Type of Identification Produced PL DL N265-480-66-369-

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 1 to 2016 Financial Disclosure Form 6 by Joseph Negron, Jr.

PART B – ASSETS

State of Florida FRS Retirement Account -- \$89,852.89

Personal Residence, 11057 SW Redwing Dr., Stuart, FL 34997 -- \$618,000

Gunster Law Firm Retirement Account -- \$122,374.20

Joseph Negron, Jr., PA -- \$52,907

TD Bank checking account -- \$26,099.65

TD Bank savings account -- \$5,635.65

Bank of America checking account -- \$10,084.89

Bank of America savings account -- \$6,261.57

Great Nation Investment Corporation bond -- \$5,279.49