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PROCESSED

Senate-Elected Constitutional Officer

FLORIDA
COMMISSION ON ETHICS

JUL 27 2020

RECEIVED



*****AUTO**ALL FOR AADC 320 T1 P1 191 191

HON AUDREY GIBSON, STATE SENATOR, 6TH DISTRICT
1812 BISCAYNE BAY CIR
JACKSONVILLE FL 32218-8674

ID CODE



ID NO.

72516

CONF. CODE

Gibson, Audrey

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 2019 was \$ 128,000.00.

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House-1707 W.17th St. Jax, FL 32209 /House 1812 Biscayne Bay Cir Jax, FL 32218	34,500.00/107,500.00
Bank Accts Community First Credit Union P.O. Box 2600 Jacksonville, FL 32202	20,450.00
FRS 2020 Fund Div of Retirement 4050 Esplande Wy Tallahassee, FL 32399	21,300.00
FRS Stock Market 120 Fund Div of Retirement 4050 Esplande WyTallahassee, FL 32399	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
Mr. Cooper/Nationstar 8950 Cypress Waters Blvd Coppell, TX 75019	131,000.00

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 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
Terrell Hogan	233 E. Bay St. Jacksonville, FL 32202	36,000.00
Florida Legislature	404 E. Monroe St. Tallahassee, FL 32301	29,000.00

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

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			

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 Duval

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 23rd day of

July, 2020 by Audrey Gibson

(Signature of Notary Public, State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
FARISHA HAMID
 Commission # CG 208221
 Expires April 17, 2022

Personally Known OR
 Type of Identification Produced _____

Audrey 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

Audrey Gibson
2019 Full and Public Disclosure
of Financial Interests Attachment

Part B Assets- Continued
Nationwide TIAACRF 2020 Retirement
P.O. Box 182797
Columbus, OH 43218 \$3980.00

State of Florida 457 Plan/Voya Financial
Vanguard Retirement 2020 Fund
P.O. Box99006
Hartford, CT 06199 \$9074.00

Part D Income-Continued
L. Cross
1707 W. 17th St.
Jacksonville, FL 32209 \$10,200.00