

HAND DELIVERED

FORM 6**FULL AND PUBLIC DISCLOSURE****2017**

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:

Gillum, Andrew, Demetric

MAILING ADDRESS:

1427 Piedmont Drive East, Suite 2

CITY:

Tallahassee

ZIP:

32308

COUNTY:

Leon

NAME OF AGENCY:

State of Florida

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Governor

CHECK IF THIS IS A FILING BY A CANDIDATE

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2018 JUN 18 PM 2:06**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2017 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 June 18, 2018 was \$ 334,200.**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 \$ \$187,677**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
5370 Carisbrooke Lane, Tallahassee, FL 32309	\$462,000
City of Tallahassee Retirement Savings 457 Plan (See Attached)	\$81,989
City of Tallahassee MAP 401(K) Plan (See Attached)	\$66,572
Other Assets (See Attached)	\$79,992

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo - 1201 N. Monroe St., Tallahassee, FL 32303	\$377,226
Hancock Whitney Bank - PO Box 4019, Gulfport, MS 39502	\$12,050
Partners Federal Credit Union - 100 N. First St., Burbank, CA 91502	\$47,120
Other Liabilities (See Attached)	\$99,134

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 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
City of Tallahassee	300 S. Adams St., Tallahassee, FL 32301	\$79,176
P&P Communications, Inc.	1550 Melvin St. Tallahassee, FL 32301	\$71,680

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
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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

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.

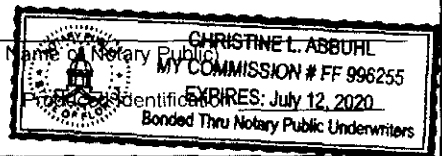
STATE OF FLORIDA
 COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 18th day of

June, 2018 by Andrew Gillum

Christine L. Abuhl
 (Signature of Notary Public--State of Florida)

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



Personally Known OR

Type of Identification Produced _____

Andrew Gillum
 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, Bridget Smitha, 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.

Bridget Smitha
 Signature

6/19/18
 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

**ADDENDUM TO CE FORM 6 – FULL AND PUBLIC DISCLOSURE OF FINANCIAL
INTERESTS FOR ANDREW D. GILLUM
As of June 18, 2018**

PART B — ASSETS

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000 (CONTINUED):

Description of Asset	Value of Asset	Total Value
City of Tallahassee Retirement Savings Voluntary Plan for Permanent Employees (457 Plan):		
Tallahassee Guaranteed Income Account	\$81,989	
		\$81,989
MAP 401(k) - City of Tallahassee:		
JPMorgan Mid Cap Value L	\$3,929	
Oak Ridge Small Cap Growth A	\$4,155	
Goldman Sachs Growth Opportunities A	\$4,832	
AllianzGI NFJ Small-Cap Value A	\$4,543	
T. Rowe Price US Large Cap Value Equity	\$12,302	
Large Cap Growth Jennison Fund	\$13,015	
Harbor Int. Instl.	\$23,796	
		\$66,572
Other Assets		
Savings Account (Centennial Bank)	\$40,053	
Savings Account (Centennial Bank)	\$ 7,598	
Savings Account (Hancock Whitney)	\$ 4,841	
Education Savings Account (BB&T) – Child #1	\$ 7,500	
Education Savings Account (BB&T) – Child #2	\$ 7,500	
Education Savings Account (BB&T) – Child #3	\$ 2,500	
Florida Prepaid 529 Plan – Child #1	\$ 5,000	
Florida Prepaid 529 Plan – Child #2	\$ 5,000	
		\$79,992

PART C – LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (CONTINUED)

Description of Other Liability	Amount	Total
Partners Federal Credit Union – 100 N. First St., Burbank, CA, 91502	\$66,169	
City of Tallahassee Retirement Savings Voluntary Plan for Permanent Employees (457 Plan Loan) – Empower Retirement, P.O. Box 173764, Denver, CO 80217-3764	\$32,965	
		\$99,134

PART D – INCOME

PRIMARY SOURCES OF INCOME (CONTINUED):

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
People for the American Way Foundation	1550 Melvin St. Tallahassee, Florida 32301	\$26,070