

Affidavit of Disclosure of Connections to Elected Officials and City of Jacksonville Executives

(Pursuant to Section 118.107(b)(2) of the Jacksonville Ordinance Code)

Purpose

This affidavit is designed for use by nonprofit organizations to disclose any relationships with elected officials and City Executives. Such disclosure is essential for transparency and to avoid conflicts of interest.

Affidavit of Disclosure

I, Dawn Gilman, being duly sworn, do hereby state as follows:

1. Personal Information

- Name: Dawn Gilman
- Position/Title within Nonprofit: CEO
- Name of Nonprofit Organization: Changing Homelessness
- Address of Nonprofit: 532 Riverside Avenue, Jacksonville, FL 32202

2. Disclosure of Connections

Please answer the following questions:

A. Does your organization employ any of the following persons:

The Mayor or her/his spouse or children

Any of the 19 City Council Members or their spouse or children

Any of the Mayor's Executive Staff or their spouse or children*

Any of the City's Department or Office heads or their spouse or children*

Yes No

If yes, list the name of the employee(s) and their position with your agency.

- B. Are any members of your Board of Directors in one of these categories?**
The Mayor or her/his spouse or children
Any of the 19 City Council Members or their spouse or children
Any of the Mayor's Executive Staff or their spouse or children*
Any of the City's Department or Office heads or their spouse or children*

Yes No

If yes, please list the name of the Board Member and the connection to the City of Jacksonville.

Name of Board Member: William Adams, Administrative Assistant under Mayor

Deegan's Administration

Nature of relationship: Mr. Adams serves on the Changing Homelessness Board

3. Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to accurately disclose relevant connections shall cause any monetary award to be voidable by the City.

Digitally signed by Dawn Gilman
 Dawn Gilman
 Date: 2026.06.01 16:18:08 -04'00'

Print Name: Dawn Gilman

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 1st day of June 2026 by Dawn Gilman as CEO for Changing Homelessness, who is personally known to me or has produced identification and who took an oath.

Type of identification produced: _____

Christina M. King
 Digitally signed by Christina M. King
 Date: 2026.06.01 16:16:02 -04'00'

Notary Public, State of Florida

Print Name: Christina M. King

Commission No. HH 610043

My Commission Expires: 2/16/2029

CHRISTINA M. KING
 NOTARY PUBLIC
 STATE OF FLORIDA
 NO. HH 610043
 MY COMMISSION EXPIRES FEB. 16, 2029

*A list of persons in this category will be supplied upon request.