

**FORM 6**

**FULL AND PUBLIC DISCLOSURE**

**2015**

**OF FINANCIAL INTERESTS**

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

FOR OFFICE USE ONLY:  
2016 JUN 20 PM 12:37

LAST NAME — FIRST NAME — MIDDLE NAME:  
Welch Kenneth Tyrone

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

MAILING ADDRESS:  
PO Box 10459

CITY: St. Petersburg ZIP: 33733 COUNTY: Pinellas

NAME OF AGENCY:  
Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
Commissioner - District 7

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, 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 \$ 409,191

**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 \$ 96,471

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
see attached	

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
see attached	

**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 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
Pinellas Board of County Commissioners	315 Court Street, Clearwater FL 33756	94,466

**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			
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 Pinellas

Sworn to (or affirmed) and subscribed before me this 20 day of

June, 2016 by Ken Welch

Wendy Grimes  
 (Signature of Notary Public--State of Florida)



Wendy Grimes  
 NOTARY PUBLIC  
 STATE OF FLORIDA  
 Comm# FF192653  
 Expires 1/26/2019

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

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

Type of Identification Produced F.D.L.

Kenneth T. Welch  
 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**

RECEIVED

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ADVISOR OF PUBLIC RECORDS  
ELECTION SERVICE CENTER

**Commissioner Kenneth T. Welch**  
**2015 Form 6 Schedule**

**PART B -- ASSETS as of 12-31-15**

2400 Madrid Way South, St. Pete	\$	271,771
Bank Account - Wells Fargo Check		5,897
Bank Account - WF Saving		20,303
Bank Account - Capital One		5,103
Bank Account - GTE		2,000
Florida Prepaid College		12,594
FRS Investment Plan		59,894
Capital One Investing		18,596
Nationwide 457 Account		<u>57,176</u>

**PART C -- LIABILITIES**

Mortgage - PNC Mortgage, PO Box 533510, Atlanta GA, 30353		196,144
Auto Loan - Hyundai Auto Finance, PO Box 20829 Fountain Valley, CA 92728		14,090
Auto Loan - Bank of America, P.O. BOX 15220, WILMINGTON, DE 19886-5220		23,105