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Hon Lawrence Ahern  
State Representative  
House Of Representatives  
Elected Constitutional Officer  
9783 52nd Ave N  
St Petersburg, FL 33708-3713



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SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

ID Code



ID No. 224661

Conf. Code

Ahern, Lawrence

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, 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 December 31, 20 17 was \$ 939,145.00

## 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 \$ 50,000

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

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET       |
|--|----------------------|
| Bank checking account (wells fargo) / Bank savings account (Chase)             | \$6,235 / \$12,000   |
| IRA (Knights of Columbus) / Life Insurance (Knights of Columbus)               | \$21,676 / \$30,000  |
| Residence - 9783-52nd Ave N, St Petersburg, FL 33708                           | \$215,000            |
| Ahern & Burne, Inc.  | \$410,000            |
| FRS Pension (State of Florida) / Savings Account (Charles Schwab)              | \$31,240 / \$103,000 |

## PART C - LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| N/A                          |                     |
| N/A                          |                     |
|                              |                     |
|                              |                     |

## 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   |
|--|---|----------|
| State of Florida                           | Dept of Financial Services, 200 E Gaines St., Tallahassee, FL 32399 | \$26,446 |
| Wherno Byrne, Inc.                         | 6835 2nd Ave N., St. Petersburg, FL 33708                           | 6,564    |

### 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 Florida  
NOTARY PUBLIC  
My Comm. Expires March 22, 2022  
No. GG 199385  
Signature of Notary Public--State of Florida  
Notary Public, Type or Stamp Commissioned Name of Notary Public  
Personally Known                      OR Produced Identification                       
Type of Identification Produced                     

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced

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 ☐