

# FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):

Kedron Amy Lynn

MAILING ADDRESS:

14026 E Paisley Dr; Unit B  
Pinellas  
Medicine Beach FL 33708

CITY:

ZIP:

COUNTY:

THIS FORM AMENDS THE (Choose one)

☒ FORM 6 I FILED FOR THE YEAR: 2017

(Use a separate Form 6X for each Form 6 you are amending.)

☐ FORM 6F I FILED FOR THE PERIOD  
January 1, \_\_\_\_\_ THROUGH \_\_\_\_\_

(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Pinellas County Commissioner DSH

WITH THIS GOVERNMENTAL AGENCY: Pinellas County Commission

## PART A -- NET WORTH

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date used on the original Form 6 or 6F you are seeking to amend, together with that date:

My net worth as of December 31, 2017 was \$ - 278,358

## PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):

If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was \$ 14,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Savings: USF Federal Credit Union [amends 1099]	15,000
[Delete From Form 6: 1099]	0

## PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (Instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

## PART D -- INCOME

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here: ☐

PRIMARY SOURCES OF INCOME (Instructions on page 4):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Ringling College of Art + Design	2055 Wood St #208 Sarasota FL 34237	107,200

**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 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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		

RECEIVED  
SUPERVISOR OF ELECTIONS  
SECTION SERVICE CENTER  
JUN 22 AM 11:48

**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.**PART G — EXPLANATION OF CHANGES**

I have deleted the 1099 reference as an asset and replaced this information with my USF savings of \$15,000 I have also amended my source of income as Virginia College instead of 1099

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**OATH**STATE OF FLORIDA  
COUNTY OF

Pinellas

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.

Sworn to (or affirmed) and subscribed before me this 22 day ofJune 20 18 by Amy Kedron

(Signature of Notary Public—State of Florida)

JULIE K. MARCUS  
Commission # FF 133544(Print, Type, or Stamp Commission Number of Notary Public)  
Personally Known OR Produced Identification ☒

Type of Identification Produced

FL DL

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 6X 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.****INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:****PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. Instructions for individual sections are found on pages 3-5, attached.

**PART G:**

Use this section of the form to explain the changes in your original Form 6 or 6F.

**OATH:**

All information on this form should be submitted under oath.

**WHERE TO FILE:**

If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

**Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.**