

CONFIDENTIAL

FOR OFFICE USE ONLY:

FLORIDA
COMMISSION ON ETHICS

JUN 22 2020

RECEIVED

Judicial Circuit (17Th)-Elected Constitutional Officer



*****AUTO**ALL FOR AADC 331 T2 P3 21 182

HON GINGER LERNER-WREN, COUNTY JUDGE
201 SE 6TH ST RM 6133
FT LAUDERDALE FL 33301-3303

PROCESSED

ID CODE



ID NO.

20865

CONF. CODE

C

Lerner-Wren, Ginger

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, 2019 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 Dec. 31, 20 19 was \$ 746,580.68

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 \$ est. 461,500.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residential Property (address protected pursuant to statute)	est. \$365,000.00
WE FL Financial 1982 N. State Rd 7, Margak FL 33063 (savings)	est. 86,000.00
WE FL Financial 1982 N. State Rd 7, Margak FL 33063 (checking)	est. 9,000.00
* Additional Entries (See attached)	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Mortgage, P.O. Box 24696, Columbus, OH 43224 0696	est. \$174,790.23
Wells Fargo, P.O. Box 10335, Des Moines, IA, 50306	est. 31,200.00
U.S. Bank, 1850 Osbourne Ave, Oshkosh, WI, 54902	est. 6,700.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
50% National Student Loan, P.O. Box 9500, Wilkes Barre PA 18724	est. \$58,000.00
Ford Motor Credit, P.O. Box 790119, St Louis, MO.	est. 2,000.00
Infinity Financial Services, P.O. Box 1660577, Dallas TX 75466	est. 17,500.00

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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	200 E. Gaines St, Tallahassee FL	151,822.00

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
Nova Southeastern Univ	Adjunct Professor	3301 College Ave E. Laud FL	6,000.00

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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			

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 Broward

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this _____ day of

June, 2020 by Ginger Lerner-Wron
J.P. Cappiello
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public) JOANNE CAPIELLO
 MY COMMISSION # GG 086590

Personally Known OR Notary Public IDENTIFICATION
 Type of Identification Produced _____
 EXPIRES June 3, 2021
 Bonded Thru Budget Notary Services

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

ADDENDUM (2019) – PART B – ASSETS

Hon. Ginger Lerner-Wren

17th Judicial Circuit, County Court

Judge Group 24

Voya – Financial	\$109,280.91
Infinity Q50 2014	EST. \$19,000.00
FORD FUSION, 2014	EST. 6,000.00

PROCESSED

20865

Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers of Fees and Charges

FLORIDA COMMISSION ON ETHICS JUN 22 2020

All judicial officers must file with the Florida Commission on Ethics a list reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: Ginger Lerner-Wren Work Telephone: 954-831-7240

Work Address: 201 SE 6 St., Ft Lauderdale, FL Judicial Office Held: County Court Judge

- 1. Please identify all reportable gifts, bequests, favors, or loans you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

Table with 4 columns: DATE, DESCRIPTION, SOURCE, AMOUNT. Row 1: 10/19/19, Dinner Ticket, United Way of Broward Cty, \$ 150.00.

Check here if continued on separate sheet

FLORIDA COMMISSION ON ETHICS JUN 22 2020 RECEIVED

- 2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

Table with 3 columns: DATE, DESCRIPTION, SOURCE. Row 1: See attached for complete list.

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

Hon. Ginger Lerner-Wren

17th Judicial Circuit, County Court

Judge Group 24

Form 6A (Part 2, 2019) – Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers of Fees and Charges

Date: March 8, 2019 Description: Edinburgh, Scotland, Speaking Series entitled “Presiding with Kindness” Problem-Solving and Trauma Informed Courts, Court Innovation. Airfare, Lodging, Meals, Ground Transportation. Waived Fees. Source: Scottish Government Community Justice Team.

Date: March 20 – 21st, 2019, Description: EXCOM Meeting, National Alliance on Suicide Prevention, flights, lodging, and meals. Washington D.C., Source: National Action Alliance.

Date: April 12-13, 2019, Description: Keynote, Florida Association of Psychiatric Nurses, Jacksonville, Fl. Airfare, lodging, meals, and ground transportation. Waived fees. Source: APNA.

Date: May 8, 2019, Mental Health America of Southeast Florida, EPIC Luncheon ticket \$75.00, Signature Grand, Source: Fifth Street Counseling.

Date: September 5, 2019, Annual BROWARD NAMI KICKOFF WALK Luncheon, (free to all attendees) Signature Grand, SOURCE: BROWARD NAMI.

Date: September 11, 2019, NSU Adjunct Professors Reception, College of Psychology and Neurology, Faculty Club, Davie, Fl. Gift: \$100.00 Gift Certificate, SOURCE: NSU.

Date: October 22-23, 2019, Description: EXCOM Meeting, National Alliance on Suicide Prevention, flights, lodging, and meals. Washington D.C., Source: National Action Alliance.

OATH

State of Florida

County of Broward

I, Ginger Lerner-Wren, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.

Ginger Lerner-Wren
(Signature of Reporting Official)

Joanne Cappiello
(Signature of Officer Authorized to Administer Oaths)

My Commission expires _____



JOANNE CAPIELLO
MY COMMISSION # GG 086590
EXPIRES: June 3, 2021
Bonded Thru Budget Notary Services

Sworn to and subscribed before me this
19th day of June, 2020

GINGER LERNER-WREN
COUNTY COURT JUDGE
COUNTY COURT CRIMINAL
SEVENTEENTH JUDICIAL CIRCUIT



BROWARD COUNTY COURTHOUSE
201 S.E. 6TH STREET
FORT LAUDERDALE, FL 33301
(954) 831-7240
FAX (954) 831-6533

June 19, 2020

FLORIDA
COMMISSION ON ETHICS

JUN 22 2020

RECEIVED

Commission on Ethics
325 John Knox Road
Bldg. E - Suite 200
Tallahassee, Florida 32303

Via USPS Mail

Re: **Financial Disclosure Reports for Calendar Year 2019**

Dear Sir/Madam:

Enclosed please find the following:

Original of Form 6 (with attachment)
Original of Form 6A (with attachment)

Sincerely,

A handwritten signature in black ink, appearing to read "Ginger Lerner-Wren".

Judge Ginger Lerner-Wren
County Court Judge
17th Judicial Circuit