

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

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6): Ms Karen M Brill	◆ THIS FORM AMENDS THE (Choose one): <input checked="" type="checkbox"/> FORM 6 I FILED FOR THE YEAR: <u>2021</u> (Use a separate Form 6X for each Form 6 you are amending.) <input type="checkbox"/> 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.)
MAILING ADDRESS: 10154 White Water Lily Way	◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: <u>School Board Member, District 3</u> ◆ WITH THIS GOVERNMENTAL AGENCY: <u>Palm Beach County School Board</u>
CITY: Boynton Beach ZIP: 33437-7540 COUNTY: Palm Beach	

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 June 1, 20 22 was \$ 1,182,729.00

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 \$ N/A

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Fidelity Investments - 401k	\$58,209.00
Florida Retirement System - Investment Plan	\$123,315.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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
N/A		

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 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See Instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

PART G — EXPLANATION OF CHANGES

Adds assets inadvertently omitted from original Form 6.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

STATE OF FLORIDA
COUNTY OF Palm Beach

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 by means of

physical presence or online notarization, this 30 day of

June, 2022 by Karen Brill

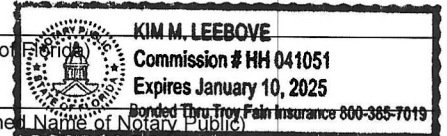
Karen M. Brill
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Kim M. LeeBove
(Signature of Notary Public--State of Florida)

Kim M. LeeBove
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification _____

Type of Identification Produced NA



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.