

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

SUPERVISOR OF ELECTIONS
JANUARY 10, 2021
PALM BEACH COUNTY, FL

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

MAILING ADDRESS:
7 Thornton Drive

CITY: ZIP: COUNTY:
Palm Beach Gardens 33418 Palm Beach

◆ THIS FORM AMENDS THE (Choose one)

FORM 6 I FILED FOR THE YEAR: 2019
(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: County Commission District 1

◆ WITH THIS GOVERNMENTAL AGENCY: Palm Beach County

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 May 29, 2020 was \$ 109,500.00

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 \$ 31,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Equity Institutional, PO Box 450369, Westlake, Ohio 44145 (IRA in Cash)	101,500.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
TD Auto Financial, PO Box 100295, Columbia, SC 29202-3295	23,000.00

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
Imperial Insurance	322 W. Boynton Be. Blvd. Boynton Be. FL 3343	30,000.00
Agent Plus Realty	206 S. Military Trail, Deerfield Be. FL 33442	10,000.00

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
		SUPERVISOR OF ELECTIONS	

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		

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

Additional Information added

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

OATH

STATE OF FLORIDA
COUNTY OF Collier

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 07 day of August, 2020 by Rhonda R Buice
[Signature]
(Signature of Notary Public--State of Florida)

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

[Stamp]
GEOVANINA SAGASTUME
(Print, Type, or Stamp Commissioned Name of Notary Public)
Commission # 6633168
My Comm. Expires May 9, 2021
Type of Identification Produced FDCL

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.



Privacy Notice: Our privacy notice describes how we collect, share and protect your personal information. It has not materially changed since May 2015. For a copy, go to www.tdautofinance.com/assets/pdf/PrivacyShare052019.pdf or call 1-888-837-2115.

SUPERVISOR OF ELECTIONS

Your Account Overview

Account Number	2015 JEEP WRANGLER 4
Vehicle Description	PALM BEACH COUNTY, FL
Vehicle Identification Number	1C4BJWDG3FL551160
Contract Date	02/29/2020
Statement Date	06/25/2020
Payments Made	3
Estimated Payoff Amount*	\$23,475.49

*Payoff Amount as of statement date. See reverse for details.

Choose the convenient payment option that suits you



Online Pay: Make and manage your payments conveniently. Simply log in at tdautofinance.com and click "Make a Payment".

Automatic Payment: Set up your payment to be debited automatically from your bank account on your due date – with **no service fee**.

Pay by Phone: Call 1-800-556-8172 to make a payment.

To learn more about all your payment options, visit tdautofinance.com

Your Account Activity

Date	Description of Activity	Amount
06/01/2020	Payment Received - Thank You	\$400.00
07/14/2020	Current Amount Due	\$392.86
07/14/2020	Total Amount Due	\$392.86

Payments received after statement date are not reflected.

Committed to legendary customer service

TD Auto Finance is a subsidiary of TD Bank, N.A. TD Auto Finance and TD Bank are members of TD Bank Group (TD), which is comprised of the Toronto-Dominion Bank and its affiliates. In the United States, TD Bank, America's Most Convenient Bank®, is one of the 10 largest banks with over 26,000 employees and deep roots in the community dating back more than 150 years.

Please see reverse side for important information on check conversion.

Contact Us

Web Address	tdautofinance.com Visit us online to review your account, make your payment or update your personal information.
Customer Service Center	1-800-556-8172 Monday - Friday 8am - 10pm ET Saturday - 8am - 7pm ET
Payment Mailing Address	PO BOX 100295 COLUMBIA, SC 29202-3295

Keep ↑ Return ↓ 11


Mailing Your Payment *If payment not received by due date you may be assessed a late charge.*

Account Number	
Payment Due Date	07/14/2020
Total Amount Due	\$392.86
Total Amount Paid	\$ <input type="text"/>

Check green box if changing address or phone number on back.

Make Check Payable To: TD Auto Finance
Mail Payment To:

TD AUTO FINANCE
PO BOX 100295
COLUMBIA, SC 29202-3295



TD Auto Finance
PO BOX 9223
FARMINGTON HILLS, MI 48333-9223

----- manifest line -----



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Quarterly Statement

Statement Period **04/01/2020 to 06/30/2020**

RHONDA RENEE BUICE
TRADITIONAL IRA:

PALM BEACH COUNTY, FL

P.O. Box 450369
Westlake, OH 44145
Address Service Requested



*****MIXED AADC 440 6609 1 MB 0.439

005885

Rhonda Buice



Messages and Announcements

The following quarterly statement reflects activity reported through June 30, 2020. To review current activity and any changes reflected after June 30, 2020, please login to www.myequity.com. If you have any questions about your statement, please contact us at help@trustetc.com.

Recent Changes to RMD Requirements:

- The Secure Act increased the age requirement for taking required minimum distributions (RMDs) from a traditional IRA, giving account holders more time to reap the benefits of tax-deferred growth.
- The new age requirement for account owners to take their first RMD increased from 70½ to 72 for those individuals who reached age 70½ after December 31, 2019.
- The CARES Act, recently enacted in response to the COVID-19 pandemic, has allowed for a waiver of all RMDs for 2020, inclusive of all 2019 RMDs that must be taken by April 1, 2020.
- If you have already taken your RMD, the IRS has extended the rollover period to August 31, 2020. This will not be treated as a rollover for the purposes of one rollover per 12-month period.
- When submitting a distribution from your IRA, please visit www.myequity.com for an electronic submission of your request. Login to www.myequity.com, click on Money Movement, select Distribution, and then follow the step-by-step guide to walk you through the process.

REMINDER

Please remember that it is the account owner's responsibility to deliver all documents pertaining to your investment(s) to Equity Trust Company.

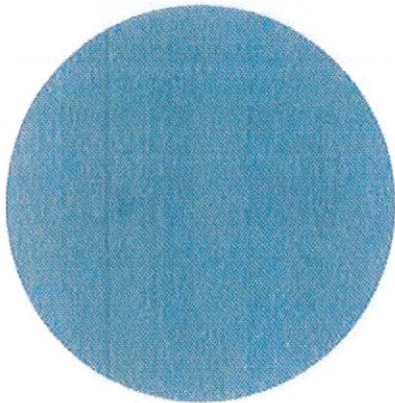
SERVICE ANNOUNCEMENTS

- Equity Trust Company will be closed on the following holiday: Monday, September 7, 2020

Customer Service 800-955-3434; please follow the provided prompts for assistance.

We appreciate the opportunity to serve you.

Asset Summary



■ Cash

<u>End of Period</u>	<u>Percentage</u>	<u>Market Value</u>
Cash	100.00%	\$101,500.59
Total Portfolio Market Value	100.00%	\$101,500.59