

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

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6 or 6F)
 Buice Rhonda Renee
 MAILING ADDRESS:
 7 Thurston 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) See attached	101,500.00

PART C -- LIABILITIES

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

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

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 Beach Blvd, Boynton Be. FL	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]

PALM BEACH COUNTY FL 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

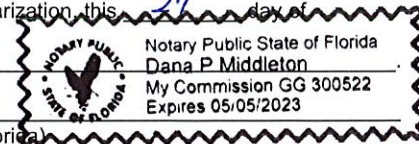
STATE OF FLORIDA
COUNTY OF Palm Beach

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 27 day of

August, 2020 by Dana P. Middleton
(Signature of Notary Public--State of Florida)



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

DANA P. Middleton
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known OR Produced Identification
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 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.