

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

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FLAGLER COUNTY
SUPERVISOR OF ELECTIONS

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

Seay, Abra Renee

MAILING ADDRESS:

PO Box 1632

CITY: ZIP: COUNTY:

Bunnell 32110 Flagler

THIS FORM AMENDS THE (Choose one)

FORM 6 I FILED FOR THE YEAR 2016 JUN 22 2015

FORM 6F I FILED FOR THE PERIOD _____ THROUGH _____

DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Flagler County Supervisor of Elections

WITH THIS GOVERNMENTAL AGENCY: _____

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, 2015 was \$ 466,122.00

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 \$ 100,400.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Space Coast Credit Union, 8045 Wickham Rd, Melbourne, FL 32940	\$95,000.00
VyStar Credit Union, PO Box 45085, Jacksonville, FL 32232	\$70,000.00
3900 W Hwy 100, Bunnell, FL 32110	\$381,005.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Farm Credit of North Florida, 309 N 2nd St., Palatka FL 32177 (mortgage)	\$137,000.00
VyStar Credit Union, PO Box 45085, Jacksonville FL 32232 (Auto)	\$9,791.00
US Dept of Education, 400 Maryland Ave, SW, Washington DC 20202	\$26,492.00

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
Flagler County School Board	1769 E Mady Blvd, Bldg #2, Bunnell, FL 32110	\$73,483.00

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

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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

I thought I had to list my personal effects seperately if they were valued at over \$1,000.00 each and then report the total of them and my other assets.

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

OATH

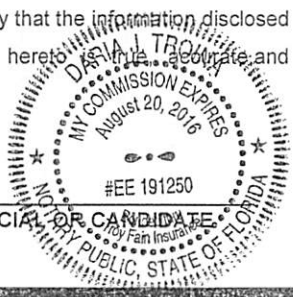
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Flager

Sworn to (or affirmed) and subscribed before me this 22ND day of

June, 20 16 by Daria J. Troina
[Signature]
(Signature of Notary Public--State of Florida)

Daria J. Troina
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known OR Produced Identification
Type of Identification Produced _____



Alva Seay
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.

QUESTIONS:

About this form or the ethics laws may be addressed to 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; telephone (850) 488-7864.