

MAY 31 2019

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

RECEIVED

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

ADAMS, MARY SUE

MAILING ADDRESS:

207 1st St NE Rm 104

Jasper, FL 32052

Hamilton

CITY:

ZIP:

COUNTY:

THIS FORM AMENDS THE (Choose one)

FORM 6 I FILED FOR THE YEAR: 2017

FORM 6F I FILED FOR THE PERIOD January 1, THROUGH

DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Tax Collector

WITH THIS GOVERNMENTAL AGENCY: Hamilton 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 December 31, 2017 was \$ 159,968.00

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 \$

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET

VALUE OF ASSET

DROP Acct.

38,668

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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

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

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

Added DROP Acct information left off of 2017 Form 6.

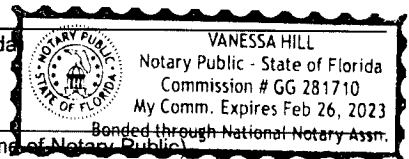
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

STATE OF FLORIDA
COUNTY OF Hamilton

Sworn to (or affirmed) and subscribed before me this 29 day of

May, 2019 by Mary Sue Adams
Vanessa Hill
(Signature of Notary Public--State of Florida)



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

Type of Identification Produced _____

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.

Mary Sue Adams
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 6 X:

PARTS A through E:

Use these sections of the form to report the new information you believe should have been reported on your original Form 6, continuing on a separate sheet if necessary. **Additional instructions are found on pages 3-5, attached.**

PART F:

Use this section of the form to explain the changes in your original Form 6.

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.