FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2021

Please print or type your name, mailing address, agency name, and position below:

LAST NAME — FIRST NAME — MIDDLE NAME:
RHOADES, KELLIE HENDRICKS

MAILING ADDRESS:
6425 SW CR 239

CITY: LAKE BUTLER ZIP: FL COUNTY: UNION

NAME OF AGENCY:
UNION COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
CLERK OF COURTS & COMPTROLLER

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
JUN 08 2022
RECEIVED

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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31, 20 21 was $ 326,746.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 95,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached list	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
VyStar Credit Union, 1450 S Walnut Street, Starke, FL 32091	15,417
Discover, PO Box 6103, Carol Stream, IL	2,332

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
VyStar Credit Union, 1450 S Walnut Street, Starke, FL 32091	33,190

(Continued on reverse side)

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2021 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Salary, Union County Clerk	55 W Main St Rm 103, Lake Butler	106,454
Rental Real Estate	7335 SE 194 Place, Lake Butler	4,196

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 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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

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.**

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Union

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 3rd day of June, 20 22 by Kellie Rhoades.

Kimberlie Riggs
(Signature of Notary Public--State of Florida)

Kimberlie Riggs
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced Valid FL DL

KIMBERLIE RIGGS MY COMMISSION # GG 300848 EXPIRES: March 25, 2023 Bonded Thru Notary Public Underwriters

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 6 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.

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

KELLIE H. RHOADES
FORM 6, 2021
ADDITIONAL PAGE

ASSETS

Bank Accounts, Community State Bank	15,315
Bank Accounts, VyStar Credit Union	3,126
Certificate of Deposit, TD Bank	4,435
Northwestern Mutual Life Insurance	4,410
FRS 2045 Retirement Fund	166,402
TD Ameritrade, Franklin Templeton Inv Mut. Shares A	15,901
Nationwide Ret, Invsco Opp Glbl A	2,585
Nationwide Ret, NCIB Indx 2045 B	12,869
Nationwide Ret, NW SP 500 Indx Inst Svc	4,820
Nationwide Ret, NW US Sm Cap Val Inst Svc	1,042
Nationwide Ret, NeuBer Genesis Tr	2,640
Keystone RV	40,000
Real Estate, 7489 SE 191st Lane, Lake Butler, FL	9,785