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

**LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):**
Spicer, George V.

**MAILING ADDRESS:**
36073 Rustic Acres Way

**CITY:**
Callahan, FL

**ZIP:**
32011-34

**COUNTY:**
Nassau

**DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF:**
County Commissioner, District 4

**WITH THIS GOVERNMENTAL AGENCY:**
Nassau County Board of County Commissioner

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**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 **June 20, 2018** was $191,839.00

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**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 $50,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER $1,000:**

<table>
<thead>
<tr>
<th>DESCRIPTION OF ASSET</th>
<th>VALUE OF ASSET</th>
</tr>
</thead>
<tbody>
<tr>
<td>36073 Rustic Acres Way, Callahan, FL 32011</td>
<td>104,904.00</td>
</tr>
</tbody>
</table>

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**PART C -- LIABILITIES**

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

**NAME AND ADDRESS OF CREDITOR**

**AMOUNT OF LIABILITY**

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**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

**NAME AND ADDRESS OF CREDITOR**

**AMOUNT OF LIABILITY**

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**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**

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(Continued on reverse side)
### Secondary Sources of Income

<table>
<thead>
<tr>
<th>Name of Business Entity</th>
<th>Name of Major Sources of Business' Income</th>
<th>Address of Source</th>
<th>Principal Business Activity of Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PART E — Interests in Specified Businesses

<table>
<thead>
<tr>
<th>Name of Business Entity</th>
<th>Business Entity #1</th>
<th>Business Entity #2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2018-20 |

- I certify that I have completed the required training.

### PART F — Training

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

#### 1:23

### PART G — Explanation of Changes

Revised Part A and added information to Part B.

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### Oath

I, the person whose name appears at the beginning of this form, do

declare on oath or affirmation and say that the information disclosed

on this form and any attachments hereto is true, accurate, and complete.

Signed: ____________________________

Signature of Reporting Official or Candidate

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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:

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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### Instructions for Completing and Filing Form 6X

**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.

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CE FORM 6 X - Eff. 1/2018

Incorporated by reference in Rule 34-6.009(1), F.A.C.