

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

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

*Heimler Nancy M*

MAILING ADDRESS:

*2620 Little Eagle Lake SW*

*WB 32962 IN*

CITY: ZIP: COUNTY:

THIS FORM AMENDS THE (Choose one)

FORM 6 I FILED FOR THE YEAR: 2017  
(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: School Board District #100

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 12/31/17, 20\_\_ was \$ 1,176,100.<sup>00</sup>

## 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
<i>Florida Prepaid College Fund</i>	<i>21,000 -</i>
<i>Morgan Stanley IRA</i>	<i>1,209,000 -</i>
<i>House - 2620 Little Eagle Lake SW</i>	<i>290,000 -</i>

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>Leonard + Delane Krench 2034 Grey Falcon Cir SW WB 32962</i>	<i>243,800 -</i>
<i>Sal Dechra 1826 Grey Falcon Cir SW WB 32962</i>	<i>28,000 -</i>
<i>Amhar Finance</i>	<i>22,000 -</i>

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
<i>IRA Distribution</i>	<i>Morgan Stanley</i>	<i>118,000<sup>00</sup></i>
<i>TARGET</i>	<i>Minneapolis, Minn.</i>	<i>15,437<sup>00</sup></i>
<i>Vectra Tech.</i>	<i>Vero Beach FLA</i>	<i>4,806 -</i>

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**

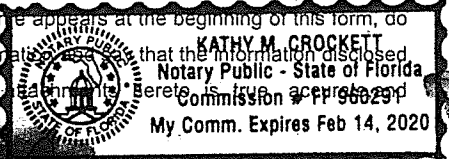
*I used the current selling prices of Comparable Houses for my house value. I miscalculated the total for Kreniek.*

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

**OATH**

STATE OF FLORIDA  
COUNTY OF Indian River

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



Sworn to (or affirmed) and subscribed before me this 7th day of August, 2018, by Kathy Crockett  
(Signature of Notary Public—State of Florida)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Kathy M. Crockett  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
Personally Known  OR Produced Identification   
Type of Identification Produced N/A

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.

**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.

**PART G:**

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

**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.

**OATH:**

All information on this form should be submitted under oath.