

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME : Gray, Steven H.

202844

105784486

MAILING ADDRESS : 125 Ne 1st Ave Ste 1

RECEIVED 2017 JUN 16 AM 11:02 SUPERVISOR OF ELECTIONS MARION COUNTY, FLORIDA

CITY : Ocala ZIP : 34470 6675 COUNTY : 52

NAME OF AGENCY : Cold Springs Improvement District

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Board Of Supervisors

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

[X] DECEMBER 31, 2016 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [X] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Gray Ackerman + Haines PA, 125 NE First Ave, Ste 1, Ocala FL 34470, Law Firm.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: n/a

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

See Exhibit "A"

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
401(k)	Gray McKelmont Haines PA / The Principal

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
RBC Bank	716 E. Silver Springs Blvd, Ocala FL 34470
Quicken Loans	1050 Woodward Av, Detroit MI 48226

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	See Exhibit "B"	
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 G — TRAINING

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:

J. A. Bony

Date Signed:

6-13-2017

CPA or ATTORNEY SIGNATURE ONLY

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.

EXHIBIT "A"

**STATEMENT OF FINANCIAL INTERESTS
SCHEDULE OF REAL PROPERTY**

1. 20 acre farm – NW 193rd Street; Marion County, Florida.
2. 25% Interest – Residential lot; Whittier; Swain County, NC.
3. Residence – 3225 NW 79 Avenue, Ocala, Florida

EXHIBIT "B"

PART F – INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY #1	BUSINESS ENTITY #2	BUSINESS ENTITY #3	BUSINESS ENTITY #4
NAME OF BUSINESS ENTITY	Cala Hills Investment Group, Ltd.	Cala Hills Development, Ltd.	Cala Hills Professional Park, Ltd.	Cala Hills Country Club, Ltd.
ADDRESS OF BUSINESS ENTITY	P.O. Box 5130 Ocala, FL 34478	P.O. Box 5130 Ocala, FL 34478	P.O. Box 5130 Ocala, FL 34478	P.O. Box 5130 Ocala, FL 34478
PRINCIPAL BUSINESS ACTIVITY	Real Estate Development	Real Estate Development	Real Estate Development	Real Estate Development
POSITION HELD WITH ENTITY	Limited Partner	Limited Partner	Limited Partner	Limited Partner
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No	No	No	No
NATURE OF MY OWNERSHIP INTEREST	Limited Partner	Limited Partner	Limited Partner	Limited Partner

	BUSINESS ENTITY #5	BUSINESS ENTITY #6	BUSINESS ENTITY #7	BUSINESS ENTITY #8
NAME OF BUSINESS ENTITY	Windmeadows RRH Ltd.	MCH of Marion, LLC	Bentwood RRH, Ltd.	Oakview RRH, Ltd.
ADDRESS OF BUSINESS ENTITY	11635 NW First Avenue Gainesville, FL 32607	5858 NW 80th Ave. Road Ocala, FL 34482	11635 NW First Avenue Gainesville, FL 32607	11635 NW First Avenue Gainesville, FL 32607
PRINCIPAL BUSINESS ACTIVITY	Rental Housing	Lessee – Parimutuel Facility	Rental Housing	Rental Housing
POSITION HELD WITH ENTITY	Limited Partner	Member	Limited Partner	Limited Partner
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	Yes	Yes
NATURE OF MY OWNERSHIP INTEREST	Limited Partner	Member in LLC	Limited Partner	Limited Partner

	BUSINESS ENTITY #9	BUSINESS ENTITY #10	BUSINESS ENTITY #11	BUSINESS ENTITY #12
NAME OF BUSINESS ENTITY	Central Florida Gaming, LLC			
ADDRESS OF BUSINESS ENTITY	2117 SW 7 th Avenue Ocala, FL 34471			
PRINCIPAL BUSINESS ACTIVITY	Pari-mutuel			
POSITION HELD WITH ENTITY	Member			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes			
NATURE OF MY OWNERSHIP INTEREST	10% owner			