

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
Kroitor, Michael

263352

105663314

MAILING ADDRESS :  
2401 Se 13th St

RECEIVED  
2017 JUN 20 PM 1:08  
SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

CITY : ZIP : COUNTY :  
Ocala 34471 2646 52

NAME OF AGENCY :  
Ocala

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Code Enforcement Board

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):

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  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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Blue Ridge Industries PARTIALS	7595 VALLEY BLVD BLOWING ROCK NC 28605	RENTAL INCOME
SMILEYS AUTOSPAES INC	6710 S PINE AVE OCALA FL 34480	RENTAL INCOME
H F J CORP	6710 S PINE AVE OCALA FL 34480	RENTAL INCOME
KNOCKOUT DONUTS LLC	20651 US HWY 441 MOUNT DORA FL 32757	BAKERY, SNACKFOODS
Disney DVC	1390 CELEBRATION BLVD CELEBRATION FLORIDA 34747	RENTAL INCOME
Steve BEGER	12495 SUNCHASE DRIVE JACKSONVILLE FL 32246	RENTAL INCOME

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")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
SMILEYS AUTOSPAES INC	JAMES WILKINS BEARLY USED CARS	6710 S PINE AVE OCALA FL 34480	USED CAR LOT
H F J CORP	RENNINGSIS TWIN MARKER	20651 US HWY 441 MOUNT DORA FL 32757	RENTAL INCOME

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

6710 SOUTH PINE AVE OCALA FL 34480 SE 95 <sup>TH</sup> STREET AND SE 36 <sup>TH</sup> AVE PARCEL ID 3659-000-00
12495 SUNCHASE DRIVE JACKSONVILLE FL 32246
130 SUMMIT TRAIL BANNER ELK NC 28604

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
See Attached list	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo	ONE CAMPUS DPSMOINES IA 503 06

**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
	ADDRESS OF BUSINESS ENTITY	
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING**

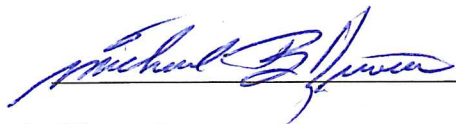
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:



Date Signed:

6/20/17

**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.

## Michael Kroitor 6/20/2017

### Part D-Intangible Personal Property

▪ Checking	Bank of America
▪ Money Market	First Avenue National Bank
▪ Internap	Scotttrade
▪ Aircastle Ltd	Scotttrade
▪ Inland American Real Estate Trust Inc	The Principal Financial Group/Princor
▪ American Realty Capital Healthcare	The Principal Financial Group/Princor
▪ life insurance	Prudential
▪ Annuity	Prudential
▪ Annuity	Guggenheim Life and Annuity
▪ Annuity	The HartFord
▪ Annuity	American General Life Insurance
▪ Annuity	Jackson National
▪ Tax credit (fund IV)	Boston Capital
▪ life insurance	SBLI Savings Bank Life insurance
▪ DVC (Disney time share)	Disney
▪ Renasant Corp (Bank stock)	Computershare
▪ First Avenue/Costal National Bank (bank stock)	Scotttrade
▪ InvenTrust (Reit)	The Principal Financial Group/Princor
▪ Prudential Annuity	The Principal Financial Group/Princor
▪ Money Market	The Principal Financial Group/Princor
▪ Xenia (reit)	The Principal Financial Group/Princor
▪ Mobileye (stock)	The Principal Financial Group/Princor
▪ Business	Smileys Auto Sales Inc.
▪ Business	HFJ Corp
▪ Business	Knockout Donuts LLC