FORM 1	STATEMENT OF	F	2016
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERI	ESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLI Larson, Bibi	E NAME :	263353	3
MAILING ADDRESS : 1139 Se 33rd Ave		1	NR
		1	RECEIVED
CITY: Ocala	ZIP: COUNTY: 34471 2927 52	1	JUNE 1, 2017 08:30 AM SUPERVISOR OF ELECTIONS
NAME OF AGENCY : Ocala		1	MARION COUNTY, FLORIDA
NAME OF OFFICE OR POSITION HELI Code Enforcement Board	O OR SOUGHT:	1	
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE	1	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	PARTS OF THIS SECTION MUST IS FINANCIAL INTERESTS FOR THE PRECEDING ASE STATE BELOW WHETHER THIS STATEMEN	TAX YEAR, \	WHETHER BASED ON A CALENDAR
DECEMBER 31, 20	6 OR SPECIFY TAX YEAR IF C	THER THAN	THE CALENDAR YEAR:
calculations, or using compa for further details). CHECK THE ONE	G REPORTING THRESHOLDS THAT ARE ABSOL RATIVE THRESHOLDS, WHICH ARE USUALLY B	IASED ON PE	R VALUES, WHICH REQUIRES FEWER ERCENTAGE VALUES (see instructions
•	_		
PART A PRIMARY SOURCES OF INC (If you have nothing to repo	OME [Major sources of income to the reporting person rt, write "none" or "n/a")	n - See instruc	tions]
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SECO GREGY	301 SUS Huy 301 Sunter Me 182 33		Atility Company
	Sunteralle 186 33	285	
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	dother sources of income to businesses owned by the r	eporting persor	n - See instructions]
NAME OF BUSINESS ENTITY		RESS DURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	2/10		
	V	Aller -	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are
			ocated at the bottom of page 2. NSTRUCTIONS on who must file
N II			his form and how to fill it out begin on page 3.

*				
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates	s 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			
F \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
3 1 13				
PART E — LIABILITIES [Major debts - See instructions]				
(if you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
X				
	*			
PART F — !NTERESTS 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	S ENTITY # 1 BUSINESS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	-1 () () ()			
POSITION HELD WITH ENTITY	A AIA			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	13.			
NATURE OF MY OWNERSHIP INTEREST				
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:	CPA or ATTORNEY SIGNATURE ONLY			
	If a certified public accountant licensed under Chapter 473, or attorney			
Signature:	in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:			
	1 .			
	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.			
Date Signed: 5 31 17	CPA/Attorney Signature:			
5 21 11	Date Signed:			
FILING INSTR				
WHAT TO FILE: WHERE TO FILE:	WHEN TO FILE:			
After completing all parts of this form, <u>including</u> If you were mailed the form by the Commission Initially , each local officer/employee, state officer, and dating it, send back only the first on Ethics or a County Supervisor of Elections for and specified state employee must file within				

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).

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.

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.

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.