FORM 1		STATEM	ENT OF		2016	
Please print or type your name, mailing address, agency name, and position belo	w:	FINANCIAL	INTERESTS	\$ [	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MII Odom Roger Daniel	DDLE N	AME :				
MAILING ADDRESS :				1093	19230	
				RECE	IVED	
CITY :		ZIP : COUNTY :		JUNE	24 2017 5:29 PM	
NAME OF AGENCY :					RVISOR OF ELECTIONS ON COUNTY, FLORIDA	
City of Center Hill NAME OF OFFICE OR POSITION						
Chief of Police						
You are not limited to the space on the CHECK ONLY IF CANDIDAT						
**** <u>BO</u>	<u>ГН</u> Р.	ARTS OF THIS SECT	ION <u>MUST</u> BE CO	MPLE	TED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y YEAR OR ON A FISCAL YEAR. EITHER (must check one):						
DECEMBER 31	2016		Y TAX YEAR IF OTHER TH	IAN THE	CALENDAR YEAR:	
	JSING MPAR/	REPORTING THRESHOLDS T ATIVE THRESHOLDS, WHICH	ARE USUALLY BASED O		LUES, WHICH REQUIRES FEWER ENTAGE VALUES (see instructions	
,		CENTAGE) THRESHOLDS		AR VAL	UE THRESHOLDS	
PART A PRIMARY SOURCES O (If you have nothing to			he reporting person - See ins	structions]		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
City of Center Hill, Florida		P.O. Box 649 - Center Hill, Florida 33514		Chief of Police		
PART B SECONDARY SOURCE						
		ther sources of income to busines , <b>write "none" or "n/a")</b>	ses owned by the reporting p	erson - Se	ee instructions]	
NAME OF N. BUSINESS ENTITY		AME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Self				Э	Firearms Training	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					NG INSTRUCTIONS for when where to file this form are	
(Rental Property)					Iocated at the bottom of page 2.	
				this	form and how to fill it out n on page 3.	

PART D — INTANGIBLE PERSONAL PROPERT		s of deposit, etc See i	nstructions]		
(If you have nothing to report, write TYPE OF INTANGIBLE		BUSINESS ENTITY TO	WHICH THE PROPERTY RELATES		
Cert of Deposit		Retirement (State of Florida)			
PART E — LIABILITIES [Major debts - See instru	uctions]				
(If you have nothing to report, write	"none" or "n/a")				
NAME OF CREDITOR		ADDRESS OF CREDITOR			
M&T Bank	P.O. Box 61906	P.O. Box 619063-Dallas,Texas 75261-9063			
Freedom Mortage	P.O. Box 61906	P.O. Box 619063-Dallas,Texas 75261-9063			
PART F — INTERESTS IN SPECIFIED BUSINESS		ns in certain types of b	usinesses - See instructions]		
(If you have nothing to report, write "		S ENTITY # 1	BUSINESS ENTITY # 2		
NAME OF BUSINESS ENTITY	N	/A			
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSI	NESS				
NATURE OF MY OWNERSHIP INTEREST					
For elected municipal officers required to complete I CERTIFY THA	• •		QUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G	ARE CONTINUED ON	A SEPARATE SH	EET, PLEASE CHECK HERE		
IF ANY OF PARTS A THROUGH G SIGNATURE OF F		11	EET, PLEASE CHECK HERE		
		CPA or AT If a certified public ac in good standing with			
SIGNATURE OF F		<b>CPA or AT</b> If a certified public ac in good standing with she must complete th I, Form 1 in accordance instructions to the form	Countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or the following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the m. Upon my reasonable knowledge and belief, the		
SIGNATURE OF F Signature: Roger Odom		CPA or AT If a certified public ac in good standing with she must complete th I, Form 1 in accordance	Countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or the following statement: , prepared the CE with Section 112.3145, Florida Statutes, and the m. Upon my reasonable knowledge and belief, the		
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SIGNATURE OF F Signature: <i>Roger Odom</i> Date Signed: June 24, 2016	ILER:	CPA or AT	<b>CORNEY SIGNATURE ONLY</b> countant licensed under Chapter 473, or attorney the Florida Bar prepared this form for you, he or le following statement:		
Signature: Signature: <i>Roger Odom</i> Date Signed: June 24, 2016 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).	ILER: FILING INSTR WHERE TO FILE: If you were mailed the for on Ethics or a County Sup your annual disclosure fili that location. Local officers/employ Supervisor of Elections of th permanently reside. (If yo	CPA or AT If a certified public ac in good standing with she must complete th I, Form 1 in accordance instructions to the form disclosure herein is tr CPA/Attorney Signatu Date Signed: CUCTIONS: The by the Commission revisor of Elections for ng, return the form to the county in which they u do not permanently	<b>WHEN TO FILE:</b> Initially, each local officer/employee, state officer, and specified state employee must file within 30 days from the date of their appointment.		
Signature: Signature: Roger Odom Date Signed: June 24, 2016 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:	ILER: FILING INSTR WHERE TO FILE: If you were mailed the for on Ethics or a County Sup your annual disclosure fili that location. Local officers/employ Supervisor of Elections of th	CPA or AT If a certified public ac in good standing with she must complete th I, Form 1 in accordance instructions to the form disclosure herein is tr CPA/Attorney Signatu Date Signed: CUCTIONS: The by the Commission revisor of Elections for ng, return the form to the county in which they u do not permanently the Supervisor of the	<b>WHEN TO FILE:</b> Initially, each local officer/employee, state officer, and specified state employee must file within 30 days from the date of their appointment.		
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