## FORM 1

# STATEMENT OF

2016

	, Physical Social State	A margin representative of margin	SAMPLE		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAI	INTEREST	S	FOR OFFICE USE ONLY:	
LAST NAME – FIRST NAME – MIDDLE N Paugh, Mark	NAME :	24	3791		
MAILING ADDRESS : 9689 Sw 53rd Ter			11	3976564	
NO ANN CONTRACTOR OF THE PROPERTY OF THE PROPE			RF	CEIVED	
	ZIP: COUNTY		JU	NE 1, 2017 08:30 AM	
Ocala 3- NAME OF AGENCY :	4476 8647 52			JPERVISOR OF ELECTIONS ARION COUNTY, FLORIDA	
CareerSource Citrus, Levy, Marion;			IVI	ANION COUNTT, I LONIDA	
NAME OF OFFICE OR POSITION HELD ( Board Members	OR SOUGHT:		*		
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.					
CHECK ONLY IF CANDIDATE OF	R NEW EMPLOYEE C	R APPOINTEE			
**** BOTH P	ARTS OF THIS SEC	TION MUST BE C	OMPLE	TED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR F YEAR OR ON A FISCAL YEAR. PLEAS EITHER (must check one):	INANCIAL INTERESTS FOR	THE PRECEDING TAX YE	AR, WHET	THER BASED ON A CALENDAR	
DECEMBER 31, 2016	<u>OR</u> Q SPEC	IFY TAX YEAR IF OTHER T	HAN THE	CALENDAR YEAR:	
MANNER OF CALCULATING REPOR FILERS HAVE THE OPTION OF USING I CALCULATIONS, OR USING COMPARA for further details). CHECK THE ONE YO	REPORTING THRESHOLDS TIVE THRESHOLDS, WHICH	HARE USUALLY BASED (	LLAR VAL ON PERCE	UES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions	
COMPARATIVE (PER	CENTAGE) THRESHOLDS	OR DOL	LAR VAL	UE 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	·	URCE'S	D	ESCRIPTION OF THE SOURCE'S	
OF INCOME	AL	DRESS	1	PRINCIPAL BUSINESS ACTIVITY	
Collège of Central	3001 SW Cell	· ·	1 H	ther Education	
Florida	Ocala, FC	34474			
		AND HIS MEAN AND THE REPORT OF THE PROPERTY OF	CONTRACTOR OF THE PERSON NAMED IN CONTRA		
PART B SECONDARY SOURCES OF IN	CONT				
PART B - SECONDARY SOURCES OF IN [Major customers, clients, and of (If you have nothing to report,	her sources of income to busine	sses owned by the reporting p	oerson - See	e instructions]	
\$	ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
A) A	TO THE PROPERTY OF THE PROPERT	and the Utilities of the Bill and Committee of the Committee of the Bill and the Committee of the Bill and the Committee of the Bill and the Bill an	414 Y TOTO TOTO OF THE THE TOTO OF THE TOTO OT THE TOTO OF THE TOTO OT THE TOTO OF THE TOTO OT THE TOT		
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COMMON DESCRIPTION OF THE COMMON OF THE COMMON COMM	TO TOTAL OLD CHEST AND ASSESSMENT AND THE STATE STATE ASSESSMENT AND ASSESSMENT ASSESSMENT AS ASSESS	ernakumunnen progresiak on sinnä 1.55 solut-van en en solutionistis kallas kallas kallas kallas kallas kallas k	ЭСУ-КОНТИКО ОВИНСКО МИТООСТО ВИЗИТЕТУ КТО <del>Т</del>	The Control of the Co	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]			EHIM	G INSTRUCTIONS for when	
(If you have nothing to report, write "none" or "n/a")			and w	where to file this form are and at the bottom of page 2.	
- N/H			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
\$					
			144		

	CONTRACTOR OF A THE STREET WAS A STREET OF				
PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor		s of deposit, etc See ins	structions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
W/A	MINISTRALINA DE RECEIXA DE RECEIX	portice to common seminative anni anni attende de la manifestation de la manifestation de la commonde de la manifestation de la commonde de la manifestation de la commonde			
	SOUR CLUB ART CLUB ART CONTROL OF CASA A CLUB ART OF CONTROL OF CO	glavina, la ving and a hadistin. SSS sSS sSS sSS sSS sSS sSS sSS sSS sS	TOTATION OF THE POWER AND		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
NA	Palanti (2004), Mali (2004), malay afalan katan a masara danak aman dana mpahaga dan menggan masa (1779), m	The second section of the second section is a second section of the second second section section section is a second section of the second second section sec			
PART F — INTERESTS IN SPECIFIED BUSINESSES   (If you have nothing to report, write "none"			inesses - See instructions]  BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY		· ·			
PRINCIPAL BUSINESS ACTIVITY	galas un terminativo de entre que entre un servir en entre e	energy program have now a policy and increased and program of the company of an increased and an about the contract of the con			
POSITION HELD WITH ENTITY		ispelare <u>desemprodución</u> por el proceso de produción de proceso de proceso de proceso de la constitución de			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	TANAMANANANALAN'I MENTANDANDANAN MENTANDAN MEN	ть на 100 MB и 100 MB	A CONTRACT OF THE STATE OF THE		
NATURE OF MY OWNERSHIP INTEREST					
PART G — TRAINING For elected municipal officers required to complete an	nual ethics training purs	suant 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:		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			
Date Signed:		disclosure herein is true and correct.  CPA/Attorney Signature:  Date Signed:			
FILING INSTRUCTIONS:					
WHAT TO FILE: WHEN TO FILE: WHEN 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.

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.

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.