

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2016

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

LAST NAME -- FIRST NAME -- MIDDLE NAME : SAJU, Azim, Fidali

MAILING ADDRESS : 1920 SW 12th Ave

CITY : Ocala ZIP : 34471 COUNTY : USA

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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

FOR OFFICE USE ONLY:

105712641

SUPERVISOR OF ELECTIONS MARION COUNTY, FLORIDA

2017 JUL - 7 AM 11:20

RECEIVED

**** 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. Content: See attached

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. Content: See attached

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

Table with 1 column: REAL PROPERTY. Content: See attached

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	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
See attached	

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")


	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
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: 

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, Oleksa Noworiedlo, 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: 6/20/17

FILING INSTRUCTIONS:

<p>WHAT TO FILE:</p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p>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.</p> <p>Facsimiles will not be accepted.</p>	<p>WHERE TO FILE:</p> <p>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.</p> <p>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.)</p> <p>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.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>WHEN TO FILE:</p> <p>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.</p> <p>Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.</p>
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Personal Financial Statement

Name Azim Saju Spouse _____
 Date of Birth _____ Date of Birth _____
 Social Security Number _____ Social Security Number _____
 Residence Phone _____ Residence Phone _____
 Home Address 5745 SW 42nd Place City, State Zip Ocala, FL 34474
 Please provide the type of Financial Statement Individual
 Joint

Assets	
Cash on Hand and In Banks	Schedule 1 \$
Marketable and Government Securities	Schedule 2
IRAs and 401(k)s	Schedule 3
Notes Receivable	Schedule 4
Cash Surrender Value Life Insurance	Schedule 5
Real Estate Owned in Own Name (personal)	Schedule 6
Real Estate Owned - Net Equity of Investment	Schedule 7
Automobiles	
Furniture and Personal Property	
Other Business(es) Owned - No Real Estate	
Other Assets	
Total Assets	\$

Liabilities and Net Worth	
Notes Payable - Unsecured	Schedule 8 \$
Automobile Loans	Schedule 9
Loans against Life Insurance or Marketable Securities	Schedules 2, 3
Credit Cards Payable	
Real Estate Mortgages Payable - Personal	Schedule 7
Income Taxes Due	
Other Liabilities	
Total Liabilities	\$
Net Worth	\$
Total Liabilities and Net Worth	\$

Sources of Annual Income

Income from alimony, separate maintenance or child support need not be disclosed if you do not choose to rely on it in connection with this financial statement.

Salary	
Commissions and Bonuses	
Dividends	
Real Estate Income	
Other Income	
Total Annual Income	\$

General Information

If you answer YES to any of the following, please attach a written explanation.

	Please check one.	
	Yes	No
Are you a partner, stockholder or officer in any business venture?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you, or have you ever been, a defendant in any legal actions, suits or bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any company where you have been a director, a principal owner or an officer which has been involved in a bankruptcy or foreclosure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever had any property posted for foreclosure or surrendered to the mortgage holder in lieu of foreclosure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you now, or have you ever been, past due on any taxes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you have a will, please provide the name of the executor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I authorize lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the statements contained in this document and any attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Date of Financial Statement 12/31/2016

Signed (Applicant) Azim Saju

Signed (Spouse) _____