| FORM 1 | STATEMENT C |)F | 2016 | |
|--|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position below: | FINANCIAL INTERESTS | | FOR OFFICE USE ONLY: | |
| LAST NAME FIRST NAME MIDDLE Smith, Jan | NAME : | 254597 | and and the state of the | |
| MAILING ADDRESS : 20750 River Dr | the second se | | 105667516 | |
| CITY : Dunnellon NAME OF AGENCY : Dunnellon NAME OF OFFICE OR POSITION HELD Employees | ZIP : COUNTY : 34431 6744 52 OR SOUGHT : | | RECEIVED JUNE 1, 2017 08:30 AM SUPERVISOR OF ELECTIONS MARION COUNTY, FLORIDA | |
| | on this form. Attach additional sheets, if necessary. | | | |
| CALCULATIONS, OR USING COMPAR for further details). CHECK THE ONE Y COMPARATIVE (PER PART A PRIMARY SOURCES OF INCO (If you have nothing to report | CENTAGE) THRESHOLDS OR COMPANY OR COMPANY OR COMPANY OF THE COMPANY. | BASED ON PER | RCENTAGE VALUES (see instructions VALUE THRESHOLDS ons] | |
| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| I'MY OF DUNNELLON | 20750 RIVER DR, DUNNE 34431 | LLEN FL N | MUNICIPAL GOVERNMENT | |
| (If you have nothing to repor | other sources of income to businesses owned by the t, write "none" or "n/a") IAME OF MAJOR SOURCES | e reporting person DDRESS SOURCE | - See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| PART C REAL PROPERTY [Land, build (If you have nothing to report, | ings owned by the reporting person - See instructio write "none" or "n/a") | IN th | ILING INSTRUCTIONS for when nd where to file this form are ocated at the bottom of page 2. ISTRUCTIONS on who must file his form and how to fill it out egin on page 3. | |

| PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write " | | s of deposit, etc See ir | nstructions] | |
|--|---|---|---|--|
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO | WHICH THE PROPERTY RELATES | |
| VANGUARD MUTUAL FUND - STOCK | S/BONDS City | OF DUNNIELLON | EMPTE 4010/4576 | |
| FIDELITY MUTUAL FUND - STOC | | | | |
| PART E — LIABILITIES [Major debts - See instruc (If you have nothing to report, write " | | | n de la companya de l La companya de la comp | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | |
| SUNTRUST MORTGAGE | PO Box 2614 | PO BOX 26149 RICHMOND VA 23260-6149 | | |
| | | The second second | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "no | ne" or "n/a") | ns in certain types of bu S ENTITY # 1 | Isinesses - See instructions] BUSINESS ENTITY # 2 | |
| NAME OF BUSINESS ENTITY | NA | | | |
| ADDRESS OF BUSINESS ENTITY | NIA | | | |
| PRINCIPAL BUSINESS ACTIVITY | NA | and the second second | | |
| POSITION HELD WITH ENTITY | N/A | A CALLARY STREET | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINE | | | | |
| NATURE OF MY OWNERSHIP INTEREST | N/A | | | |
| 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 A | RE CONTINUED ON | A SEPARATE SH | EET, PLEASE CHECK HERE | |
| SIGNATURE OF FI | <u>ER:</u> | CPA or ATT | ORNEY SIGNATURE ONLY | |
| Signature: | | 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: 1,, 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: | | CPA/Attorney Signature: | | |
| 5 25 /17 | | Date Signed: | | |
| FILING INSTRUCTIONS: | | | | |
| WHAT TO FILE: | WHERE TO FILE: | Series and the series of | WHEN TO FILE: | |
| After completing all parts of this form, <u>including</u> <u>signing and dating it</u> , send back only the first sheet (pages 1 and 2) for filing. If you have nothing to report in a particular | you were mailed the form by the Commission Ethics or a County Supervisor of Elections for ur annual disclosure filing, return the form to at location. <i>Coal officers/employees</i> file with the <i>Coal officers/employees</i> file with the <i>Coal officer/employee</i> file with the <i>Coal officers/employees</i> file with the <i>Coal officer/employee</i> file with the <i>Coal officers/employees</i> file with the <i>Coal officer/employee</i> file with the <i>Coal o</i> | | | |
| NOTE: MULTIPLE FILING UNNECESSARY: | Supervisor of Elections of the permanently reside. (If you reside in Florida, file with county where your agency | u do not permanently the Supervisor of the | 30 days from the date of their appointment. <i>Candidates</i> must file at the same time they file their qualifying papers. | |
| officer is not required to file with the Commission or Supervisor of Elections. | State officers or specifi file with the Commission o 15709, Tallahassee, FL address: 325 John Knox R 200, Tallahassee, FL 32303 | n Ethics, P.O. Drawer 32317-5709; physical Road, Building E, Suite | <i>Thereafter</i> , file by July 1 following each calendar year in which they hold their positions. <i>Finally</i> , file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial | |
| | candidates file this form together with their ualifying papers. | | 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. | |
| | To determine what catego under, see page 3 of instru | | | |