MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD
MARION COUNTY BCC

APPLICATION DATE: BOARD NAME:		10/21/25	OLT 2 I 2025			
		MSTU- PINE RUN ADVISORY BOARD				
		PERSONAL INFORMATION				
Name: THERESA GAROFALO Occupation: FINANCE ACCT ASST./ADMINSTRATION ASST/MARION SENIOR SERVICES						
If Retired, previ Address: City: Phone#: E-mail Address:	9980 SV OCALA 845-405		31			
MAILING ADDRI		ifferent from residence): √E				
City:		State: ZIP:	***************************************			
What is your pre	eferred f	ther personal information exempt under Florida Statute 119.07? igned Marion County Public Records Act Exempt Form (available form of communication? Phone \underline{X} Mail $\underline{\hspace{0.5cm}}$ Email $\underline{\hspace{0.5cm}}$ Elected in accordance with Florida Statute, Section 760.80, for the with diversity and inclusion guidelines. Your responses will be	e purpose of statistical reporting			
Gender: Male	*****************	Female X Prefer not to disclose				
Physically Disab	led: Y	es No X Prefer not to disclose				
		n Native-American Caucasian X Other Asian -American Prefer not to disclose				
Are you a registe	ered vot	er? Yes X No				
Do you own hon	nestead	property in Marion County? Yes X No				
		arion County or have relatives that are Marion County employed tion, department and/or relationship to County employee and their page 1				

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes $\frac{X}{-}$ No							
Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes $_$ No X							
If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest. (Available upon request).							
Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes No _X							
A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.							
WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS? (Include current or previous work experience; community involvement; interests/activities) I have an interest in the community where I live and believe my past experience would be beneficial in some capacity to assist in the direction							
and the goals of the board							
Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes No X If yes, which board? (Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)							
Have you ever served on a City or County advisory board? Yes No X							
REFERENCES - Please list three (3) personal and/or business references (PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)							
Name: BONNIE BLACKWELL Phone Number: Email:							
Name: STEVE COCHRAN Phone Number: Email: Email:							
Name: TAMARA GRANT-POWELL Phone Number: Email:							

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INITIAL: TG I authorize Marion County to contact my application may be verified by Marion County.	y references and I understand that all statements made on this					
$\begin{tabular}{ll} \textbf{INITIAL:} & \underline{TG} & \textbf{I} understand the responsibilities associate if appointed.} \end{tabular}$	ed with being a board member, and I have adequate time to serve					
INITIAL: TG I agree to complete training within six (6) months from the date of my appointment.						
INITIAL: TG understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.07. I confirm the accuracy of all details provided and their suitability for public release.						
By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.						
SIGN: Theresa Garofalo	DATE: 10/21/25					
PRINT: THERESA GAROFALO	- MARION COUNTY BCC					
RECEIVED BY BCC:	3CT 2 I 2025					

This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

RETURN FORM TO:

MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471 Or via email to: Commissionadmin@marionfl.org

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

FORM 4A DISCLOSURE OF BUSINESS TRANSACTION, RELATIONSHIP OR INTEREST

LAST NAME - FIRST N	NAME - MIDDLE INITIAL		OFFICE / POSITION HELD	
GAROFALO	O THERESA A.		HUMAN RESOURCES/ADMIN ASSIST	
MAILING ADDRESS			AGENCY OR ADVISORY BOARD	
9980 SW 103	RD PL		MARION SENIOR SERVICES	
CITY	ZIP	COUNTY	ADDRESS OF AGENCY	
OCALA	34481	MARION	1101 SW 20TH CT, OCALA, FL 34471	

HOW TO COMPLETE AND FILE THIS FORM:

Parts A and B of this form serve two different purposes. Part A is for advisory board members who wish to use an exemption in the ethics laws that is applicable only to advisory board members. Part B is for public officers and employees who wish to use a separate exemption that is applicable when the business entity involved is the sole source of supply within the political subdivision. In order to complete and file this form:

- Fill out Part A or Part B, as applicable.
- Sign and date the form on the reverse side.
- File Part A with the appointing body or person that will be waiving the restrictions of 112.313(3) or (7), Fla. Stat., prior to the waiver.
- File Part B with the governing body of the political subdivision in which the reporting person is serving, prior to the transaction.

PART A - DISCLOSURE OF TRANSACTION OR RELATIONSHIP CONCERNING ADVISORY BOARD MEMBER

WHO MUST COMPLETE THIS PART:

Sections 112.313(3) and 112.313(7), Florida Statutes, prohibit certain business relationships on the part of public officers and employees, including persons serving on advisory boards. See Part III, Chapter 112, Florida Statutes, and/or the

	brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees" for more details on these prohibitions. However, Section 112.313(12), Florida Statutes, permits the appointing official or body to waive these requirements in a <i>particular instance</i> provided: (a) waiver by the appointing body must be upon a two-thirds affirmative vote of that body; or (b) waiver by the appointing person must be effected after a public hearing; <i>and</i> (c) in either case the advisory board member must fully disclose the transaction or relationship which would otherwise be prohibited by Subsections (3) of (7) of Section 112.313, Florida Statutes. This Part of Form 4A has been prescribed by the Commission on Ethics for such disclosure, <i>if and when applicable</i> to an advisory board member.
PLEAS 1.	E COMPLETE THE FOLLOWING: The partnership, directorship, proprietorship, ownership of a material interest, position of officer, employment, or contractual relationship which would otherwise violate Subsection (3) or (7) of Section 112.313, Florida Statutes, is held by [please check applicable space(s)]:
	$(\chi$) The reporting person;
	() The spouse of the reporting person, whose name is; or
	() A child of the reporting person, whose name is
2.	The particular transaction or relationship for which this waiver is sought involves [check applicable space]:
	(X) Supplying the following realty, goods, and/or services: clerical & administrative asst , backup support
	() Regulation of the business entity by the governmental agency served by the advisory board member.
3.	The following business entity is doing business with or regulated by the governmental agency:
	Marion Senior Services, 1101 SW 20th Ct., Ocala, FL 34471
4.	The relationship of the undersigned advisory board member, or spouse or child of the advisory board member, to the business entity transacting this business is [check applicable spaces]: () Officer; () Partner; () Associate; () Sole proprietor; () Stockholder; () Director; () Owner of in excess of 5% of the assets of capital stock in such business entity; () Employee; () Contractual relationship with the business entity; () Other, please describe:

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PART B - DISCLOSURE OF INTEREST IN SOLE SOURCE OF SUPPLY

WHO N	IUST COMPLETE THIS PART:		
lic o Am 112 ent or e	ctions 112.313(3) and 112.313(7), Florida Statutes, prohibit officers and employees. See Part III, Chapter 112, Florida Stendment and Code of Ethics for Public Officers and Employe. 2.313(12)(e), Florida Statutes, provides an exemption from the ity involved is the only source of supply within the political stemployee's interest in the business entity must be fully discovered that the property of the Commission on Ethics.	Statutes, and/or the brochure entitly yees" for more details on these pro- the above-mentioned restrictions in subdivision of the officer or employed losed to the governing body of the	ed "A Guide to the Sunshine hibitions. However, Section the event that the business e. In such cases the officer's political subdivision. This Part
PLEASI	E COMPLETE THE FOLLOWING:		
1.	The partnership, directorship, proprietorship, ownership of relationship which would otherwise violate Subsection (3) check applicable space(s)]:		
	() The reporting person;		
	() The spouse of the reporting person, whose name is _		; or
	() A child of the reporting person, whose name is		
2.	The following are the goods, realty, or services being suppor spouse or child of such officer or employee, is involved		h the public officer or employee,
3.	The business entity which is the only source of supply of t	he goods, realty, or services within	the political subdivision is:
	(NAME OF ENTITY)	(ADDRESS OF ENT	ITY)
4.	The relationship of the undersigned public officer or employees entity named in Item 3 above is [check applicable sp. () Officer; () Partner; () Associate; () Sole propriet the assets or capital stock in such business entity; () Entitle () Other, please describe:) Owner of in excess of 5% of	
	SIGNA	ATURE	
SIGNATU	JRE .	DATE SIGNED 11/04/2025	DATE FILED

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES S. 112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10.000.

Theresa Garofalo

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