MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

S	8/3/2006	1	MARION COUNTY BC
APPLICATION DATE: $\frac{C}{D}$	1/3/2025 lanning and Z	oning	CEP 03 2025
20:		NFORMATION	
Name: Mich Occupation: Dwn	nael Knortor er		
If Retired, previous occupat			
City: Cala	l St	ate: FL ZIP: 34471	
Phone#: 352-E-mail Address: MKC	oitor@gmail.co	Μ	
MAILING ADDRESS (If diffe	•		
Address:			***************************************
City:	State:	ZIP:	
The following data is collect		Mail Email Statute, Section 760.80, for the purpo elines. Your responses will be kept con	
Gender: Male X Fer	male Prefer not to disclo	se	
	No X Prefer not to disc		
Race: African-American Hispanic/Latino	Native-American Asian -American	Caucasian X Other Prefer not to disclose	
Are you a registered voter?	? Yes X No		
Do you own homestead pr	operty in Marion County? Yes	<u>X</u> , No	
Are you employed by Mari If yes, please provide positio	on County or have relatives than no department and/or relationship	t are Marion County employees? Yes to County employee and their position	No X /department

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 $_$ No \underline{X}
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 $\underline{\hspace{0.5cm}}$ No $\underline{\hspace{0.5cm}}$
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?
I am deeply committed to making a positive impact in my community and dedicated to making a positive impact in my for all residents of Marion County FL Through active participation on the board. I aim to contribute my skills, Insights, and passion to support our county.
SERVING ON OTHER BOARDS
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 X No_ If yes, which board? Crty Code Enforcement and Planing + Zoning (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 X No
City of Ocala Code Enforcement - Currently Co-Chair - 9 yrs Marlon Cty Planning + Zoning - Currently Chair - le yrs
REFERENCES - Please list three (3) personal and/or business references (PLEASE DO NOT USE COMMISSIONERS OF COUNTY ADMINISTRATION STAFF as REFERENCES)
Name: Nandy Ewers Phone Number: Email:
Name: Use Swift Phone Number: Email: Email:
Name: Matt Leibfried Phone Number. Email: Email:

Rev 12.13.24

Page 2 of 3

INITIAL: ————————————————————————————————————	ences and I understand that all statements made on this			
INITIAL I understand the responsibilities associated with if appointed.	being a board member, and I have adequate time to serve			
INITIA: Lagree to complete training within six (6) month	s from the date of my appointment.			
INITIAL: I 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: Mutual By	DATE: 8/3/25			
PRINT: MICHAEL KROITOR	MARION COUNTY BCC			
RECEIVED BY BCC:	SEP 0 3 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.