FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

JUL 05 2017

RECEIVED

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ID No. 34681

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Maloy, Grant

*****AUTO**ALL FOR AADC 328 T5 P1 90 750
Grant Maloy
Clerk Of Circuit Court/Comptroller
Seminole County
Elected Constitutional Officer
301 N Park Ave
Sanford, FL 32771-1243

PROCESSED

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2016 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 16 was $ 649,768.00.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 49,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home 4875 Gabriella Ln Oviedo FL 32765	327,856.00
Business Gabriella Growers 4875 Gabriella Ln Oviedo FL 32765	360,000.00
Investments - see attachment	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Regions Bank Po Box 11007 Birmingham AL 35246 Mtg	142,601.17
Regions Bank Po Box 11007 Birmingham, AL 35202 Line Credit	23,459.29

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2016 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Gabriella Grover	4675 Gabriella Ln Oviedo FL 32765	60,000
See attachment		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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 F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Seminole

Sworn to (or affirmed) and subscribed before me this 3rd day of July, 2017 by Grant Eric Maloy

(Signature of Notary Public--State of Florida)

LORI R. SAGE
MY COMMISSION # GG 58892
EXPIRES: December 29, 2020

(Print, Type, or Stamp Commissioned Name of

Personally Known _____ *OR* Produced Identification FL DL

Type of Identification Produced FL DL

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

Part B Assets continued

CNL PO Box 219001 Kansas City, MO 64121 REIT	$ 2,740.80
ETC Brokerage Services 1 Equity Way Westlake, OH 44145	
1-3 YR Treasury Bond ETF	19,697.82
Vanguard FTSE All World EX US ETF	9,892.15
Vanguard FTSE Emerging Markets ETF	9,989.76
Vanguard Total Stock Market ETF	10,044.10
Powershares DB Commodity Index Tracking Fund ETF	9,859.50
LJ Cooper Capital Management 742 N 530 E Orem, UT 84097	
DFA Global Alloc 60/40 Port Inst Cl	17,084.77
Commonwealth Capital Corp.	
1755 US Hwy 19 N Suite 400 Clearwater, FL 33764 Shares	10,000.00

Part D Income continued

CNL PO Box 219001 Kansas City, MO 64121 REIT	1,157.88
Oasis Church NALC Inc. 1572 Cherry Ridge Dr. Heathrow, FL 32746	2700.00