

FINANCIAL DISCLOSURE STATEMENT

For Tax Year Ending 12, 1974

Name Gerald K. Engle Telephone 694-2392
Address: 3631 SE 12th Pl Ocala Marion
(street) (city) (county)

Check the appropriate box or boxes below indicating whether you are filing as a public officer, candidate, or both, and indicate the title of the position held or sought:

- a. Public Officer: Ocala City Council
(title of position)
- b. Candidate: _____
(title of position)

If filing as a public officer, indicate dates of present term:

- a. Present term began: Jan 74
(month) (year)
- b. Present term ends: Dec 78
(month) (year)

If filing as a candidate indicate dates of term sought:

- a. Term begins: _____
(month) (year)
- b. Term ends: _____
(month) (year)

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CLERK CIRCUIT COURT
MARION COUNTY, FLA

FILED

You may select one of two alternative methods of financial disclosure:

- 1) You may complete items 1 through 6 of this form, OR
- 2) You may file a current financial statement on Federal Reserve Form CB-110A together with a copy of your latest federal income tax return. Indicate by checking the appropriate box which method of financial disclosure you have selected:

- a. Completion of items 1 through 6 below.
- b. Filing of Federal Reserve Form CB-110A together with your latest federal income tax return. If you select this method of disclosure, read and sign the following certification and attach Federal Reserve Form CB-110A and your tax return to this page. The following certification shall be used in lieu of the certification at the end of Federal Reserve Form CB-110A.

CERTIFICATION

I hereby certify that the information contained in Federal Reserve Form CB-110A and the income tax return attached hereto is true to my best knowledge and belief.

(Date of filing)

(Signature)

SOURCES OF INCOME

1. Name every source of income, including money or things of value, that produced 10% or more of your gross income for the preceding taxable year. You do NOT have to name or list as a source any dividends, interest, moneys received from guardianship, alimony, child support, retirement compensation, disability compensation, or any compensation (including wages) from any level of government service, but you must include them in calculating your gross income. Do NOT include, as gross income or as sources of income, money or things of value given to you by your spouse or campaign contributions which are authorized by Florida law and which are expended for campaign purposes. "Source" refers to a normal category of income production, such as a medical or law practice, a store, or salary and wages from a non-government employment. List sources in descending order of importance with the largest source first.

NAME OF SOURCE OF INCOME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY
E of Builders Inc.	Ocala FL. P.O. Box 1922	Building Contractors

SOURCES OF BUSINESS ENTITY INCOME

2. If, during the preceding taxable year

- a) you owned, directly or indirectly, 10% or more of the total assets or capital stock of any business entity, AND
- b) you received \$1,500.00 or more income from that business entity, AND
- c) that income constituted 15% or more of your gross income as calculated in Question 1,

then you must report every source of income of that business entity which produced 15% or more of that business entity's gross income. List sources in descending order of importance with the largest source first.

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY OF THE BUSINESS ENTITY
Thrifty Markets Inc	P.O. DRAWER 1720	Grocery Sales
Thrift Oil Inc	P.O. DRAWER 1720	GAS SALES
Crystal River Jiffy	CRYSTAL RIVER, FLA P.O. Box 1375	Grocery Sales
Kwik King Inc.	S.E 17th St.	Grocery Sales

INTEREST IN SPECIFIED BUSINESS ENTITIES

3. If, during the preceding taxable year, you either

- a) owned, directly or indirectly, 10% or more of the total assets or capital stock, OR
- b) received 10% or more of the net distributed income

of any chartered banks, savings and loan associations, small loan companies, alcohol and spirituous liquor businesses (whether retail or wholesale), pari-mutuel wagering companies, utility companies, cemetery companies, insurance companies, mortgage or title insurance companies, credit unions, and any entity controlled by the Public Service Commission or granted a franchise to operate by a municipal or county government;

then you must list each of those entities below.

NAME OF ENTITY IN WHICH INTEREST IS HELD	N/A. ADDRESS	DESCRIPTION OF PRINCIPAL ACTIVITY OF BUSINESS ENTITY

DEBTS AT PREFERENTIAL INTEREST RATES

4. List each of your present or past debts which was outstanding at any time during the preceding taxable year and on which a preferential rate of interest was being charged. A preferential rate of interest is a rate of interest which, at the time the rate was set, was substantially below the customary and usual rate under the circumstances. You do NOT have to state the amount of the debt.

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

DEBTS GREATER THAN NET WORTH

5. List each debt which at any time during the preceding taxable year was outstanding and exceeded your net worth. You do NOT have to state what your net worth is or what the amount of the debt is.

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

ASSETS

6. If, during the preceding taxable year, you owned any asset, tangible or intangible, which had a value greater than 15% of the total value of all your assets at that time, then you must list it below. You do NOT have to list real property located outside of Florida, your personal residence, recreational homes or vacation homes, but these shall be used in calculating the total value of your assets. In calculating value, disregard all liabilities, such as debts or mortgages. List in descending order of value with the most valuable asset listed first. You do NOT have to state the value of any asset or the total value of all your assets.

ASSET	LOCATION: ADDRESS OR LEGAL DESCRIPTION
15,000 sq ft Warehouse	2034 NW 8th Ave Ocala FLA.
Store Building 2400 sq ft.	1898 NE 24th St.

July 14, 1975
(Date of Filing)

Gerald K Engle
(Signature of Person Disclosing)

Under provisions of Chapter 74-177, Laws of Florida, intentional violation of any disclosure requirement shall constitute grounds for dismissal from employment, removal from office or removal from the ballot.

NOTE: Questions concerning this form or Chapter 74-177, Laws of Florida, may be directed to: State of Florida, Commission on Ethics, P. O. Box 6, Tallahassee, Florida 32302.