

STATE OF FLORIDA  
COMMISSION ON ETHICS

FINANCIAL DISCLOSURE STATEMENT  
(Section 112.3145, F.S., created by Ch. 74-177, Laws of Florida)

For Tax Year Ending Dec. 31, 1974

Name MICHAEL A. FINN Telephone 732-2416  
Address 1723 N.E. 36th Ave Apt #1 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: ZONING BD MEMBER  
(title of position)
- b.  Candidate: \_\_\_\_\_  
(title of position)

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

- a. Present term began FEB 1974  
(month) (year)
- b. Present term ends: FEB 1978  
(month) (year)

FILED  
1975 JUL 17 AM 11:28  
CLERK CIRCUIT COURT  
MARION COUNTY, FLA.

If filing as a candidate indicate dates of term sought:

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

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)

SOURCE 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
CRESTWOOD BLDGS	3602 S.E. 15 <sup>TH</sup> ST.	BUILDING CONTRACTOR
YUM-YUM TREE	1823 N.E. 2ND ST.	APARTMENTS
VILLAGE PARK	1719 N.E. 36 <sup>TH</sup> AVE	APARTMENTS

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) if you received 15% or more of your gross income from the business entity,

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. No such income of a business entity need be reported if less than \$1,500.00 from one source.

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY OF THE BUSINESS ENTITY
NONE		



DEBTS AT PREFERENTIAL INTEREST RATES

(Note: Questions On This Page Do Not Apply To Candidates)

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
None	

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.

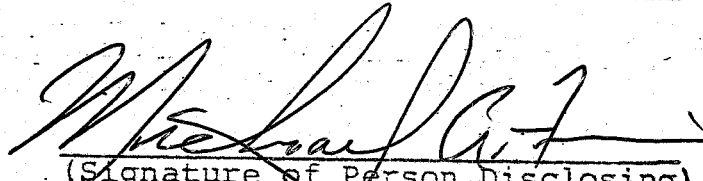
NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

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
None	

7/17/75  
(Date of Filing)

  
(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. Please DO NOT send this financial disclosure statement to the Ethics Commission. It should be filed with the Secretary of State if you are a state officer. All others files with the Circuit Court of their respective counties.