

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, 1975
Name George J Albright Jr Telephone 821 2853
Address P.O. Box 348 Weirsdale FLA (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: Member (MARION County Zoning Board)
(title of position)
- b. Candidate: _____
(title of position)

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

- a. Present term began Sept 1975
(month) (year)
- b. Present term ends: N.A.
(month) (year)

If filing as a candidate indicate dates of term sought:

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

FILED
1975 NOV -3 PM 1:00
LEAK CIRCUIT COURT
MARION COUNTY, FLA.

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.

Oct 31 1975
(Date of filing)

George J Albright Jr
(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
Albright Realtz	PO Box 725 OKlawaha	Real Estate
Albright Groves	P.O. Box 348 Weivsdale	Citrus
Ocala Golf Recreation	Ocala Fla	Mortgage Payments
Sun First National Bank	Ocala Fla	Dividends C'D's
Capital Holdings	Louisville Ky	Dividends

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
	N/A	

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, or 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	ADDRESS	DESCRIPTION OF PRINCIPAL ACTIVITY OF BUSINESS ENTITY
	N/A	

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
	NA

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
NA	

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
Capital Holdings Stock	Louisville Ky
Mortgage From Ocala Golf Recre	Ocala Fla
Orange Groves	Marion County
C D'	Sun First National Bank Orlando
Various Pieces of Real Estate	Marion County

10 31-75

(Date of Filing)

Gary Almy

(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.

STATE OF FLORIDA
COMMISSION ON ETHICS

QUARTERLY STATEMENT OF DISCLOSURE OF CLIENTS REPRESENTED BEFORE AGENCIES
(Section 112.3145(1)(c) F.S., as amended by Ch. 74-177, Laws of Florida, 1974)

For Quarter Ending _____ 19____
 (March) (June) (Sept) (Dec)

Name: NA Telephone _____

Address: _____
 (street) (city) (county)

Name of firm (if applicable) _____

Address of firm (if applicable) _____

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: _____
 (title of position)
- b. Candidate: _____
 (title of position)

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

- a. Present term began: _____
 (month) (year)
- b. Present term ends: _____
 (month) (year)

If filing as a candidate, indicate dates of term sought:

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

DISCLOSURE OF CLIENTS REPRESENTED BEFORE AGENCIES

Show the names of all clients you, or if applicable, any partner or associate of the professional firm of which you are a member have represented before your own agency or the agency in which you are seeking office or any agency at the same level of government as the agency in which you hold office or are seeking office, and also the name of the agency before which you or your partner or associate appears. For purposes of this form there are two levels of government: state and local. The state level includes agencies or units of government with national, state or regional jurisdiction. The local level includes agencies or units of government with county or municipal jurisdiction.

NOTE: You are NOT required to disclose appearances in ministerial matters, matters in which a fee or commission is not charged, or appearances before any court or before judges or commissioners of industrial claims. In addition, you need not disclose the preparation and filing of forms and applications merely for the purpose of obtaining or transferring a license or operation permit to engage in a profession or business or occupation unless such preparation and filing requires the agency to exercise substantial discretion, a variance, special consideration, a certificate of public convenience and necessity, or a license based on a quota or a franchise.

DISCLOSURE OF CLIENTS REPRESENTED BEFORE AGENCIES (continued)

NAME OF CLIENT	NAME OF AGENCY Specify level within a larger agency, if applicable, e.g., if appearance is before a bureau indicate the bureau as well as the division and department which the bureau is under.

(Signature of Person Disclosing)

(Date of Filing)

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: Please DO NOT send this form to the Ethics Commission. It should be filed with the Secretary of State if you are a state officer, employee or candidate. All others file with the Circuit Court Clerk of their respective counties.

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.

STATE OF FLORIDA
COMMISSION ON ETHICS

DISCLOSURE OF SPECIFIED INTERESTS
BY PUBLIC OFFICERS, PUBLIC EMPLOYEES AND CANDIDATES
(Section 112.313(3), F.S., as amended by Ch. 74-177, Laws of Florida, 1974)

Name: NA Telephone: _____

Address: _____
(street) (city) (county)

Check the appropriate box or boxes below indicating whether you are filing as a candidate, public officer or employee and indicate the title of the position held or sought and the agency of government in which the position exists.

a. Public Officer: _____
(title of position)

_____ (agency)

b. Public Employee: _____
(title of position)

_____ (agency)

c. Candidate: _____
(position sought)

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

a. Present term began _____
(month) (year)

b. Present term ends _____
(month) (year)

If filing as an employee, indicate when your employment in this position began: _____
(month) (year)

If filing as a candidate, indicate dates of term sought:

a. Term begins: _____
(month) (year)

b. Term ends: _____
(month) (year)

1. Indicate by checking in the space provided whether you
- a) hold any of the below listed positions in any state or federally chartered bank, state or federal savings and loan association, cemetery company, insurance company, mortgage company, credit union, small loan company, alcoholic and spirituous liquor business, whether retail or wholesale, pari-mutuel wagering company, utility company, or any entity controlled by the public service commission or granted a franchise to operate by either a city or county government, OR
 - b) hold any of the below listed positions in any business entity which is doing business with the governmental agency of which you are an officer or employee, OR
 - c) own, directly or indirectly, 10% or more of the total assets or capital stock of any business entity mentioned in (a) or (b) above.

_____ officer	_____ general agent (other than a resident agent solely for service of process)
_____ director	
_____ partner	
_____ proprietor	_____ own 10% or more of total assets or capital stock
_____ associate	

- 2. Name of business entity: _____
- 3. Address of the business entity: _____
- 4. Briefly describe the principal business activity of the business entity:

- 5. Do you own 10% or more of the total assets of the business entity?

- 6. Do you own 10% or more of the capital stock of the business entity?

- 7. What was the earliest date on which you either assumed a position checked in Question 1 or acquired 10% or more of the total assets or capital stock?

(day) (month) (year)

(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.

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STATE OF FLORIDA
COMMISSION ON ETHICS

DISCLOSURE OF CONFLICTS OF INTEREST
BY PUBLIC OFFICERS IN VOTING SITUATIONS

(Section 112.3145(1)(c), F.S., as created by Ch. 74-177, Laws of Florida, 1974)

Name: _____ Telephone: _____

Address: _____
(street) (city) (county)

Title or Position: _____

Governmental Body: _____

Present Term Began: _____
(month) (year)

Present Term Ends: _____
(month) (year)

If any matter coming before you for voting consideration by you in your official capacity directly or indirectly inures to your particular private gain as opposed to your private gain as a member of a special class, or creates a conflict between your private interests and your public duties, explain either:

- a. How the matter under consideration will inure to your particular private gain:

OR

- b. How the matter being considered will create a conflict between your private interests and your public duties:

(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.