

FORM 1 STATEMENT OF FINANCIAL DISCLOSURE

DISCLOSURE PERIOD
FOR TAX YEAR ENDING

197

PART A

Name: Albright George J Jr Telephone: 904 8212853
(LAST) (FIRST) (MIDDLE) (A/C) (NUMBER)
 Address: PO Box 348 Weivsdale Fl 32695 Marion
(STREET) (CITY) (ZIP CODE) (COUNTY)

PART B

Filing as a: () Candidate; () Local Officer; () State Officer; () Specified Employee
 Agency is a unit of [check one]: () State of Florida (X) County, City or Other Political Subdivision
 Name of Agency: Marion County Planning and Zoning Comm.
 Position Held or Sought: Member and Vice Chairman
 If filing as a candidate, when will the term you are seeking begin? _____ end? _____
 If filing as a state or local officer or specified employee, when did the position begin? _____
 If your position terminated during the past year or since your last disclosure filing, indicate termination date: _____

PART C

PRIMARY SOURCES OF INCOME [Required by §112.3145(3)(a), Florida Statutes, 1975]
 Please list below in descending order with the largest source first, the name, address and principal business activity of every source of your income which exceeded five percent (5%) of the gross income you received or any person received for your benefit or use during the disclosure period excluding public salary. If continued on a separate sheet, please check here ().

NAME OF SOURCE OF INCOME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY
Albright Realty	OKlawaha PO Box 725	Real Estate
Albright Groves	Weivsdale PO box 348	Citrus.
Capital Holding Stock Dividends	Louisville Ky	Life Insurance

PART D

BUSINESS ENTITY'S SOURCES OF INCOME [Required by §112.3145(3)(b), Florida Statutes, 1975]
 If during the disclosure period (a) you owned, directly or indirectly, in excess of 5% of the total assets or capital stock of any business entity, AND (b) if you received in excess of 10% of your gross income from the business entity, please list below every source of income of the business entity which exceeded in value ten percent (10%) of the business entity's gross income (computed on the basis of the business entity's fiscal year). You are NOT required in this part to list sources of income of a business entity if you received less than \$1,500 from the business entity during the disclosure period.
 A "source" in this part refers to any customer, client or other category of income production which meets the minimum percentage requirements noted above. If continued on a separate sheet, please check here ().

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
N/A		

FILED
 1977 AUG -2 PM 2:00
 CLERK OF COUNTY COURT
 MARION COUNTY, FLORIDA

PART E

DEBTS IN EXCESS OF NET WORTH [Required by §112.3145(3)(e), Florida Statutes, 1975]
 Please list below the name and address of each creditor to whom you were indebted at any time during the disclosure period in an amount which exceeded your net worth. You are not required to list the amount of any indebtedness or your net worth. If continued on a separate sheet, please check here ().

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

PART F

REAL AND INTANGIBLE PERSONAL PROPERTY [Required by §112.3145(3)(c), Florida Statutes, 1975]

SECTION 1—REAL PROPERTY

Please list below the location or legal description of all real property, excluding residence and vacation homes, in which you own in excess of five percent (5%) of the property's most recently assessed value. If continued on a separate sheet, please check here ().

CITRUS GROVES 44 ACRES MARION and LAKE COUNTY
 LEE PROPERTY 70 ACRES MARION COUNTY
 ANTHONY GROVE SUBDIVISION SNOOK GROVE 11 ACRES
 IN WEIRSDALE ALBRIGHT REALTY OFFICE BLD OKLAHOMA
 LOTS IN LAKE VIEW BEACH SECTION 10 ACRES ON HIGH
 464 OKLAHOMA, 14 ACRES IN WEIRSDALE
 LEIGHTON ESTATES 1/2 INTEREST IN 44 LOTS

SECTION 2—INTANGIBLE PERSONAL PROPERTY

Please give a general description of any intangible personal property in which you hold an interest having a value in excess of ten percent (10%) of your total assets. Intangible personal property means all personal property which is not in itself intrinsically valuable, but which derives its chief value from that which it represents, such as: money, certificates of deposit, cashier's and certified checks, bills of exchange, drafts and similar instruments, stocks or shares of incorporated or unincorporated companies, business trusts, mutual funds, beneficial interests in a trust, notes, bonds, and other obligations for the payment of money. Your general description should include the type of property as noted above and, if applicable, the name of the business entity to which the intangible property relates. For example: Stock, General Motors; Cash or Certificate of Deposit, First National Bank of Metropolis, Florida. No amounts need be stated. If continued on a separate sheet, please check here ().

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
CAPITOL HOLDING STOCK	LIFE INSURANCE
SUN BANK CORP	CERTIFICATES OF DEPOSIT
OCOLA GOLF AND RECREATION	LOAN RECEIVABLE

PART G

GIFTS [Required by §112.3145(3)(d), Florida Statutes, 1975]

Please list below the name, address, and principal business activity of all persons, business entities or other organizations from whom you received any gift or gifts, the total of which exceeded \$100 from any one source during the disclosure period. Your benefactors must be listed in descending order of value with the largest source first. If you have received a preferential interest rate substantially below the customary and usual rate charged at the time the debt was incurred, the difference between the preferential and customary rate is deemed to be a gift. You are NOT required to list gifts disclosed as an elected official pursuant to §111.011, F.S., nor gifts received from your parent, grandparent, sibling, child, spouse, or from a spouse of any of the foregoing, or gifts received by bequest or devise, or campaign contributions. If continued on a separate sheet, please check here ().

NAME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY
	N/A	

PART H

MAILING INSTRUCTIONS

This form, when completed and signed, should be sent to the Clerk of the Circuit Court of the county in which you are principally employed or a resident if you are a local officer or candidate for local office; or with the Secretary of State if you are a state officer, specified employee or candidate for state office.

PART I

Gay Allyn
 SIGNATURE OF PERSON DISCLOSING

July 15 1977
 DATE SIGNED

NOTICE: UNDER PROVISIONS OF SECTION 112.317, FLORIDA STATUTES, 1975, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$5,000.