

# FORM 1, PART 1, STATEMENT OF FINANCIAL INTERESTS

DISCLOSURE PERIOD  
FOR TAX YEAR ENDING

Dec, 1978

Name: ERgle Gerald Kenneth Telephone: 904 694-2352  
(LAST) (FIRST) (MIDDLE) (A/C) (NUMBER)  
 Address: 3631 SE 12<sup>th</sup> PLACE OCALA 32670 MARION  
(STREET) (CITY) (ZIP CODE) (COUNTY)

Filing as a: ( ) Candidate; () Local Officer; ( ) State Officer; ( ) Specified Employee

Agency is a unit of [check one]: ( ) State of Florida () County, City or Other Political Subdivision

Name of Agency: OCALA City Council

Position Held or Sought: Councilman

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, current term or employment began on: \_\_\_\_\_

If your term or employment terminated during the past year or since your last filing of Form 1, indicate termination date: \_\_\_\_\_

**PRIMARY SOURCES OF INCOME** [Required by Florida Statutes § 112.3145(3)(a) (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 excluding public salary which exceeded five percent (5%) of the gross income you received or any person received for your benefit or use during the disclosure period. The income of your spouse need not be disclosed. If continued on a separate sheet, please check here ( ).

NAME OF SOURCE OF INCOME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY
<u>Ergle Const. Co Inc</u>	<del>I-75 + SR 326</del>	<u>Bldg Const.</u>
<del>Dairy Queen of Zuber</del>	<u>3631 SE 12<sup>th</sup> Pl.</u>	<del>Ice Cream</del>
<u>Country Tiffy</u>	<u>Morrison, Fla</u>	<u>Grocery</u>
<del>Kwik King Inc.</del>	<del>SE 17<sup>th</sup> St Ocala</del>	<del>Grocery</del>

**BUSINESS ENTITY'S SOURCES OF INCOME** [Required by Florida Statutes § 112.3145(3)(b) (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
<u>Dairy Queen of Zuber</u>	<u>I-75 + SR 326</u>	<u>ICE CREAM</u>
<u>Kwik King Inc.</u>	<u>SE 17<sup>th</sup> St.</u>	<u>Grocery</u>

**DEBTS IN EXCESS OF NET WORTH** [Required by Florida Statutes § 112.3145(3)(e) (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
<u>NONE</u>	

RECORDED AND RECORD  
VERIFIED  
CLERK CIRCUIT COURT  
MARION COUNTY, FLA.  
AUG 11 22 AM '79  
BY: Franklin E. Skiff  
D.C.

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

**SECTION A—REAL PROPERTY**

Please list below the location or legal description of all real property in this state, 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 ( ).

*Gen. Store 45. 41 + SR-326 Merrilliston, Fla.*

**SECTION B—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 money, all evidences of debt owed to the reporting person, all evidences of ownership in a corporation or other business organization having multiple owners, and all other forms of property where value is based upon that which the property represents rather than its own intrinsic value, such as: certificates of deposit, checks, bills of exchange, drafts, stocks or shares of incorporated or unincorporated companies, business trusts or 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
<i>N.A.</i>	

**GIFTS OF NON-ELECTED STATE OFFICERS, LOCAL OFFICERS AND SPECIFIED EMPLOYEES [Required by Florida Statutes §112.3145(3)(d) (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 in this part 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
<i>NONE</i>		

**FILING INSTRUCTIONS FOR PART 1**

PART 1 of this form must be filed with the Clerk of the Circuit Court of the county in which you are principally employed or are a resident if you are a local officer; or with the Secretary of State if you are a state officer or specified employee. A person seeking nomination or election to a state or local elective office must file PART 1 of this form together with and as a part of his qualifying papers and is not qualified until such filing is made. The address of the Secretary of State is: The Capitol, Tallahassee, Florida 32304.

*A. K. Eagle*  
SIGNATURE OF PERSON DISCLOSING

*6/14/79*  
DATE SIGNED

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

**FORM 1, PART 2,  
STATEMENT OF FINANCIAL INTERESTS**

FOR CALENDAR YEAR ENDING  
December 31, 1978

(FOR ELECTED OFFICERS ONLY)

Name: Eagle Gerard Renneth Telephone: 904-694-2392  
(LAST) (FIRST) (MIDDLE) (A/C) (NUMBER)  
 Address: 3631 SE 12th Pl. Ocala 32670 Marion  
(STREET) (CITY) (ZIP CODE) (COUNTY)

Elective Office Held is:  Statewide;  Multi-county;  County, City or Other Political Subdivision  
 Title of Elective Office Held: Councilman Name of Agency: Ocala City Council  
 Current term began: Jan 78 Expires: Dec 1982  
 If your office terminated during the past year, please indicate termination date: \_\_\_\_\_

**STATEMENT OF CONTRIBUTIONS AND EXPENDITURES BY ELECTED OFFICIALS** [Required by Florida Statutes §111.011 (1976 Supplement)]

If you are an elected public officer, please list below each gift, donation or payment of money the value of which exceeds \$25 received by you or on your behalf and expenditures from or distributions made of same by you for the previous calendar year, not otherwise reported as required by Chapter 99, Florida Statutes. This part does not apply to public employees or other non-elected officials. If continued on a separate sheet, please check here ( ).

**SECTION A—LIST OF CONTRIBUTIONS**

DATE	NAME	RESIDENCE AND MAILING ADDRESS	AMOUNT
	<u>None</u>		

SECTION B-LIST OF EXPENDITURES

DATE	NAME AND ADDRESS OF PARTY TO WHOM EXPENDITURE IS MADE	PURPOSE OF EXPENDITURE	AMOUNT

*None*

STATE OF FLORIDA  
 COUNTY OF Martin

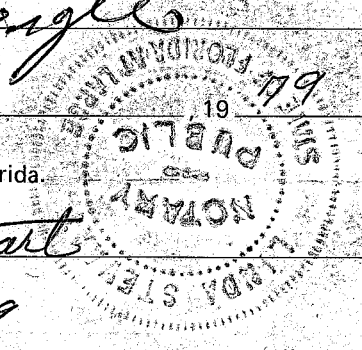
Before me the undersigned attesting officer personally appeared \_\_\_\_\_

who upon being sworn on oath deposes and says that the foregoing statement of contributions and expenditures is a true, accurate and total listing of all contributions and expenditures for the period listed as required by Chapter 111.011, Florida Statutes.

*Ronald K. Engle*  
 Signature of Elected Official

Subscribed and sworn to before me this 1 day of August  
 at Ocala, Martin County, Florida.

*Linda Stewart*  
 Notary Public  
 My Commission Expires 10/29/79



FILING INSTRUCTIONS FOR PART 2

PART 2 of this form when duly signed by an elected public officer and notarized, must be filed with the Department of State, the Capitol, Tallahassee, Florida 32304 in the case of an elected state or national officer or with the Clerk of the Circuit Court in the case of an elected county officer or an elected municipal officer.

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