

# FORM 1, PART 1, STATEMENT OF FINANCIAL INTERESTS

|  |                     |                         |   |                 |  |
|--|---------------------|-------------------------|---|-----------------|--|
| LAST NAME - FIRST NAME - MIDDLE NAME<br><b>ERgle, Gerald K.</b>  |                     |                         | NAME OF AGENCY  |                 |  |
| MAILING ADDRESS<br><b>3631 SE 12<sup>th</sup> Pl.</b>  |                     |                         | ▼ OFFICE SOUGHT   |                 |  |
| CITY<br><b>Ocala, FLA</b>  | ZIP<br><b>32671</b> | COUNTY<br><b>MARion</b> | <input type="checkbox"/> CANDIDATE ▶                                  | ▼ OFFICE HELD   |  |
| THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:<br>MONTH      DAY      YEAR<br>▶ <b>12</b> <b>31</b> <b>81</b> ◀ |                     |                         | <input checked="" type="checkbox"/> LOCAL OFFICER ▶ <b>Councilman</b> | ▼ OFFICE HELD   |  |
|  |                     |                         | <input type="checkbox"/> STATE OFFICER ▶                              | ▼ POSITION HELD |  |
|  |                     |                         | <input type="checkbox"/> SPECIFIED EMPLOYEE ▶                         |                 |  |

## SECTION A - INCOME AND GIFTS

### PRIMARY SOURCES OF INCOME [Required by Florida Statutes §112.3145(3)(a) (1981) ]

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 |
|--------------------------|------------------------------------|--|
| <b>Country J. Fry</b>    | <b>MORRISTON, FLA</b>              | <b>GROCERY STORE</b>                           |
| <b>ERgle Const. Co.</b>  | <b>3631 SE 12<sup>th</sup> Pl.</b> | <b>Building const.</b>                         |

### BUSINESS ENTITY'S SOURCES OF INCOME [Required by Florida Statutes §112.3145(3)(b) (1981) ]

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 PRINCIPAL BUSINESS ACTIVITY |
|--|--|---|
| <b>John Rudniansky - Trustee MAVERICK MKTS. INC.</b> | <b>NE 21<sup>st</sup> St. Ocala SE 1<sup>st</sup> Ave. Ocala</b> | <b>Real estate Grocery sales</b>                      |

BY: *[Signature]*  
 JUL 15 3 31 AM '82  
 RECORDED AND RECORDED  
 VERIFIED  
 CLERK CIRCUIT COURT  
 MARION COUNTY, FLA

### GIFTS OF NON-ELECTED STATE OFFICERS, LOCAL OFFICERS AND SPECIFIED EMPLOYEES [Required by Florida Statutes §112.3145(3)(d) (1981) ]

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., or 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 |
|------|---------|--|
|      |         |  |
|      |         |  |
|      |         |  |
|      |         |  |

**SECTION B - ASSETS AND LIABILITIES**

**REAL PROPERTY** [Required by Florida Statutes § 112.3145(3)(c) (1981) ]

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

MORRISTON, FLA. 1 1/2 ACRES + STORE BUILDING

MORRISTON, FLA 6 1/2 ACRES + BARN

**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 |
|------------------------|---|
| Certificate of Deposit | Mid-State Federal                             |
|                        |   |
|                        |   |
|                        |   |

**DEBTS IN EXCESS OF NET WORTH** [Required by Florida Statutes § 112.3145(3)(e) (1981) ]

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 |
|------------------|---------------------|
|                  |                     |
|                  |                     |
|                  |                     |

**SIGNATURE**

|  |                       |
|--|-----------------------|
| SIGNATURE<br> | DATE SIGNED<br>7/6/82 |
|--|-----------------------|

**FILING INSTRUCTIONS FOR FORM 1, PART 1**

**WHO MUST FILE:** All state officers, local officers, candidates for state or local elective office, and specified employees (other than officers of the judicial branch), as defined in Section 112.3145(1), Florida Statutes (1981), and enumerated in the brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers, Candidates and Employees," available from the Commission on Ethics, Clerk of Circuit Court, and Secretary of State.

**WHEN TO FILE:** Candidates for publicly-elected state or local office must file financial disclosure together with and at the same time they file their qualifying papers. State and local officers and specified employees are required to file disclosure by 12 o'clock noon of July 15th of each year, including the July 15th following the last year one is in office. Each state or local officer who is appointed and each specified employee who is employed must

file disclosure within 30 days from the date of appointment or the beginning of employment. Those appointments requiring Senate confirmation must be filed by the appointee prior to confirmation.

**WHERE TO FILE:** A candidate files this form together with and as a part of his qualifying papers. A local officer files with the Clerk of the Circuit Court of the county in which he is principally employed or is a resident. A state officer or specified employee files with the Secretary of State, The Capitol, Tallahassee, Florida, 32301.

**MULTIPLE FILING UNNECESSARY:** Any person who files a statement of financial interests for any calendar or fiscal year is not required to file a second disclosure for the same year or any part thereof, except that any public officer who qualifies as a candidate shall file a copy of his disclosure with the officer before whom he qualifies at the time he qualifies.

**NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES § 112.317 (1981), 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, 1987

(FOR ELECTED OFFICERS ONLY)

Name: Ergle Gedald K Telephone: 904 694-2392  
(LAST) (FIRST) (MIDDLE) (NUMBER)  
 Address: 3631 SE 12th Pl. Ocala 32671 Marion  
(STREET) (CITY) (ZIP) (COUNTY)

Elective Office Held is: ( ) Statewide; ( ) Multi-county; (  ) County, City or Other Political Subdivision

Title of Elective Office Held: COUNCILMAN Name of Agency: Ocala

Current term began: 12/84 Expires: 12/85

If your office terminated during the past year, please indicate termination date: \_\_\_\_\_

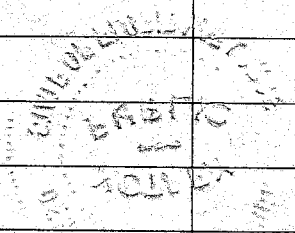
### STATEMENT OF CONTRIBUTIONS AND EXPENDITURES BY ELECTED OFFICIALS [Required by Florida Statutes §111.011 (1981)]

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> |      |                               |        |
|             |      |                               |        |
|             |      |                               |        |
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RECORDED AND RECORDED  
 JUL 15 11 33 AM '82  
 CLERK CIRCUIT COURT  
 MARION COUNTY, FLA.  
 BY: Stephanne E. Scipione  
 D.C.



SECTION B - LIST OF EXPENDITURES

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

*None*

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

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.

*David K Engle*  
Signature of Elected Official

Subscribed and sworn to before me this 13<sup>th</sup> day of July, 1982, at Ocala, Marion County, Florida.

*Deborah C Bullock*  
Notary Public  
My Commission Expires April 2, 1983

FILING INSTRUCTIONS FOR FORM 1, 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 32301 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. This part must be filed by 12:00 noon of July 15 of each year.

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §§111.011, 775.082 AND 775.083 (1981), A FAILURE TO MAKE ANY REQUIRED DISCLOSURE ON THIS FORM CONSTITUTES A SECOND DEGREE MISDEMEANOR WHICH, UPON CONVICTION, IS PUNISHABLE BY A MAXIMUM TERM OF IMPRISONMENT NOT EXCEEDING 60 DAYS AND A FINE OF \$500.