

FORM 1 STATEMENT OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME Albright George J Jr		NAME OF AGENCY	
MAILING ADDRESS P.O. Box 725		<input type="checkbox"/> LOCAL OFFICER	OFFICE HELD BOARD OF Adjustment
CITY OKlawaha	ZIP 32679		COUNTY MOVION
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: EITHER OR DECEMBER 31, 19 82 SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:		<input type="checkbox"/> SPECIFIED STATE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CANDIDATE	POSITION HELD OFFICE SOUGHT

PART A - PRIMARY SOURCES OF INCOME [Required by Florida Statutes § 112.3145(3)(a)].

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
Albright Realty	Box 725 Oklawaha	Real Estate
Albright Groves	Wewahatchee	CITRUS
Various Mustangs	Wewahatchee	Property Sold

PART B - BUSINESS ENTITY'S SOURCES OF INCOME [Required by Florida Statutes § 112.3145(3)(b)].

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 to 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 to 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
Albright Realty	OKlawaha	Real Estate

PART C - GIFTS OF NON-ELECTED STATE OFFICERS, LOCAL OFFICERS AND SPECIFIED STATE EMPLOYEES

[Required by Florida Statutes § 112.3145(3) (d)].

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 on Form 7, Gift Disclosure for Elected Officers, 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
NONE	SUPV ELEC OFF	

PART D – REAL PROPERTY [Required by Florida Statutes § 112.3145(3)(c)].

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 .

44956 000 01 4557 016 043 4855 018 001 4855 018 006 4855 018 007 4855 019 001
 4855 019 003 4855 019 008 4855 020 000 4879 001 024 4915 700 000 4916 000 00 5007 000 00
 5008 700 00 44956 001 00 39946 003 01 4496 011 000 4853 082 001 4853 184 000 4855 019 010
 4855 021 001 4879 001 003 4879 001 016 4916 700 000 4917 000 00 4917 6 000 00 4918 4 000 00 4926 0 000 00
 4926 3 000 00 4926 4 000 00 4926 5 000 00 4913 6 000 00 4955 0 000 00 4969 5 000 00 4984 015 000 4984 016 00
 4984 007 00 4998 1 000 00 5007 1 000 00 5010 9 002 00 5011 0 000 00 5011 3 000 00 0003 80

PART E – 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
None	

PART F – LIABILITIES IN EXCESS OF NET WORTH [Required by Florida Statutes § 112.3145(3)(e)].

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. The following are excluded from disclosure under this part: credit card and retail installment accounts; taxes owed; indebtedness on a life insurance policy owed to the company of issuance; contingent liabilities; and accrued income taxes on net unrealized appreciation.

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

PART G – SIGNATURE

SIGNATURE	DATE SIGNED
<i>Guy Albert</i>	12-19-84

PART H – FILING INSTRUCTIONS FOR FORM 1

WHO MUST FILE: All state officers, local officers, candidates for state or local elective office, and specified state employees (other than officers of the judicial branch), as defined in Section 112.3145 (1), Florida Statutes (1983), and listed on the attached cover sheet and in the brochure entitled "Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees," available from the Commission on Ethics, Supervisors of Elections, and Secretary of State. Persons required to file full disclosure (Form 6) are not required to file this form.

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 state employees are required to file by July 1st of each year. Each state or local officer who is appointed and each specified state 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 Supervisor of Elections of the county in which he permanently resides. A state officer or specified state employee files with the Secretary of State, Room 1801, 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, 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.