FORM 7 GIFT DISCLOSURE FOR ELECTED OFFICERS

16 JUL 84 10:57 SUPV ELEC OFF

LAST NAME – FIRST NAME – MIDDLE NAME	STATEMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 19
Engle Gerald Kenneth	
MAILING ADDRESS	NAME OF AGENCY
3631 SE 12th Pl	Ocala City Council
CITY / COUNTY / ZIP	DATE TERM BEGAN / DATE TERM EXPIRES
Ocala / Marion / 32671	1/1/81 / 12/31/85
OFFICE HELD	ELECTED OFFICE HELD IS:
Councilman	☐ STATE OFFICE ☐ COUNTY OFFICE ☒ MUNICIPAL OFFICE

PART A – STATEMENT OF GIFTS, DONATIONS, OR PAYMENTS

Please list below each contribution, including any gift, donation, or payment, the value of which exceeds $25, received by you or on your behalf from any person, group, or organization, not otherwise required to be reported by Chapter 99, Florida Statutes. Any payment in excess of $25 to a dinner, barbeque, fish fry, or other such event shall likewise be deemed a contribution. You are not required to disclose a bona fide gift for personal use from your parents, children, grandparents, grandchildren, brothers, sisters, uncles, aunts, nephews, nieces, great-grandparents and great-grandchildren. Nor must you list honorary membership in social, service, or fraternal organizations which were presented as a courtesy by such organizations. [Required by Sec. 111.011, Fla. Stat.]

DATE RECEIVED	DONOR	ADDRESS OF DONOR	AMOUNT
None			

☐ CHECK IF CONTINUED ON SEPARATE SHEET

PART B – EXPENDITURES OR OTHER DISPOSITION OF GIFTS, DONATIONS, OR PAYMENTS

Please list below the names and addresses of persons receiving payment or distribution from the gifts, donations or payments listed above and the dates thereof.

DATE OF EXPENDITURE	NAME OF RECIPIENT	ADDRESS OF RECIPIENT	AMOUNT
None			

☐ CHECK IF CONTINUED ON SEPARATE SHEET

PART C – OATH

I, the public officer whose name appears at the beginning of this form, do depose on oath and say that the information disclosed herein and on any attachments hereto constitutes a true, accurate, and total listing of all contributions, expenditures, and distributions required to be reported by Section 111.011, Florida Statutes.

STATE OF FLORIDA
COUNTY OF Marion

The signature of the public officer whose financial interests are disclosed herein was sworn to and subscribed before me this 16th day of July, 1984.

SIGNATURE OF REPORTING OFFICIAL	SIGNATURE OF NOTARY	DATE COMMISSION EXPIRES
Gerald K Engle	Alice J. Hurst	August 3, 1985

PART D – FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Department of State, Room 1801, The Capitol, Tallahassee, Florida 32301 in the case of an elected state officer or with the Supervisor of Elections in the case of an elected county officer or an elected municipal officer. This statement must be filed no later than 12:00 noon of July 15 of each year for the previous calendar year.