FORN	47 GIFT DISC	CLOSU	RE FOR ELECTED OFFI	CERS
LAST NAME - FIRST NAME - MIDDLE NAME			STATEMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 19 84	
Ergle, Gerald K.			NAME OF AGENCY	
3631 S.E.	12th Place		Ocala City Council	
CITY	. 12th Place county	ZIP	Ocala City Council DATE TERM BEGAN DATE TERM EXP	PIRES
0cala	Marion	32671	Dec. 81 Dec. 85	
OFFICE HELD			ELECTED OFFICE HELD IS:	
Councilman				
PART A – STATEMENT OF GIFTS, DONATIONS, OR PAYMENTS				
behalf from any p excess of \$25 to a bona fide gift for great-grandparents	person, group, or organization, not dinner, barbeque, fish fry, or other personal use from your parents, c	otherwise request of the control of	ayment, the value of which exceeds \$25, received kired to be reported by Chapter 99, Florida Statutes II likewise be deemed a contribution. You are not recarents, grandchildren, brothers, sisters, uncles, aunts y membership in social, service, or fraternal organization, Fla. Stat.]	a. Any payment in quired to disclose a s, nephews, nieces,
DATE RECEIVED	DONOR		ADDRESS OF DONOR	AMOUNT
	NONE			
	4			
er e			The state of the s	
				
		4		
CHECK IE CONT	L			
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			
	the state of the s	4 4		
L QUEOK LE GONT	I FINUED ON SEPARATE SHEET			1
CHECK IF CON	INDED ON SEPARATE SHEET	PARTO	– OATH	
		FARIC	STATE OF FLORIDA	
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.			COUNTY OF <u>Marion</u> The signature of the public officer whose financial interests are disclosed herein was sworn to and subscribed before me this	
SIGNATURE OF NOTARY DATE COMMISSION EXPIRES Gerald K. Ergle PART D - FILING INSTRUCTIONS DATE COMMISSION EXPIRES DATE COMMISSION EXPIRES DEDOTAR C. Bullock April 2, 1987				

This form, when duly signed and notarized; must be filed with the Department of State, The Capitol, Tallahassee, Florida 32301 in the case of an elected state officer or with the Clerk of the Circuit Court 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.