

FORM 7 GIFT DISCLOSURE FOR ELECTED OFFICERS

LAST NAME - FIRST NAME - MIDDLE NAME Willis William Edwin			STATEMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 19 <u>85</u>	
MAILING ADDRESS P.O. Box 43			NAME OF AGENCY Town of Reddick	
CITY Reddick Marion 32686	COUNTY	ZIP	DATE TERM BEGAN July 1984	DATE TERM EXPIRES April 1986
OFFICE HELD Councilman			ELECTED OFFICE HELD IS: <input type="checkbox"/> STATE OFFICE <input type="checkbox"/> COUNTY OFFICE <input checked="" type="checkbox"/> 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 106, 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 17th day of April, 19 85.

SIGNATURE OF REPORTING OFFICIAL


SIGNATURE OF NOTARY
 Notary Public, State of Florida At Large
My Commission Expires May 17, 1988
Member of SAFECO Insurance Company of America

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 1 of each year for the previous calendar year.