FORM 7 GIFTS AND OTHER NON-CAMPAIGN CONTRIBUTIONS TO ELECTED OFFICERS 1986

LAST NAME — FIRST NAME — MIDDLE NAME: ROGERS STEVEN K

STATEMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 1986

MAILING ADDRESS: P.O. BOX 9

NAME OF AGENCY: CITY COUNCILMAN

CITY: REDDICK COUNTY: MARION ZIP: 32686

DATE TERM BEGAN: April 86 DATE TERM EXPIRES: April 88

OFFICE HELD: CITY COUNCILMAN

ELECTED OFFICE HELD IS: ☐ 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 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	CONTRIBUTOR	ADDRESS OF CONTRIBUTOR	CONTRIBUTION
	N/A		

'87 MAY -1 AM 10:00
SUPERVISOR OF ELECTIONS
MARION COUNTY

☐ CHECK IF CONTINUED ON SEPARATE SHEET

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

If any payment or disposition is made from the gifts, donations or payments listed above, please list below the name and address of each person who received such a payment or disposition.

DATE OF EXPENDITURE	NAME OF RECIPIENT	ADDRESS OF RECIPIENT	EXPENDITURE OR DISPOSITION
	N/A		

☐ 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.

SUPERVISOR OF ELECTIONS MARION COUNTY

SIGNATURE OF REPORTING OFFICIAL: [signature] DATE: May 28, 1987

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 28th day of April, 1987.

SIGNATURE OF NOTARY: Jeanette D. Pullen

DATE COMMISSION EXPIRES: Notary Public, State Of Florida At Large My Commission Expires May 17, 1988 Bonded By Sarco 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 32399, by an elected state officer, or with the Supervisor of Elections by elected county officer or an elected municipal officer. This statement must be filed no later than July 1, 1987 for the 1986 calendar year.