FORM 7 GIFTS AND OTHER NON-CAMPAIGN CONTRIBUTIONS TO ELECTED OFFICERS 1987

LAST NAME — FIRST NAME — MIDDLE NAME Rogers Steven Kemp	STATEMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 1987
MAILING ADDRESS P.O. box 9 Reddick, Florida 32686	NAME OF AGENCY Reddick City Council
CITY COUNTY ZIP City Councilman Grp 1	DATE TERM BEGAN April 5, 1986 — DATE TERM EXPIRES April 5,1988
OFFICE HELD	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		

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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.

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 28 day of April, 1988.

SIGNATURE OF REPORTING OFFICIAL: Steven Rogers

SIGNATURE OF NOTARY: Marilyn E. Thompson

DATE COMMISSION EXPIRES: NOTARY PUBLIC, STATE OF FLORIDA. MY COMMISSION EXPIRES: JAN. 29, 1992. BONDED THRU NOTARY PUBLIC UNDERWRITERS.

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, 1988 for the 1987 calendar year.