

# FORM 1 STATEMENT OF FINANCIAL INTERESTS 1994

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:

NAME OF AGENCY:

Marion County

**MICHAEL MAY** Michael E. May

LOCAL OFFICER

OFFICE OR POSITION HELD:

ZONING DIRECTOR

Zoning Director

L

MARION COUNTY

STATE OFFICER

OFFICE HELD:

M

EMPLOYEES

SPECIFIED STATE EMPLOYEE

POSITION HELD:

1334 SE 19TH STREET

C

OCALA, FL 34471

CANDIDATE

OFFICE SOUGHT:

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2. **INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3 of this packet. **OTHER FORMS** you may need to file are described on page 6.

**PART A — PRIMARY SOURCES OF INCOME** [Sources exceeding 5% of gross income]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
N/A		

**PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON** [Major customers, clients, etc.]

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
N/A		

**PART C — REAL PROPERTY** [Land, buildings]

N/A		

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

**PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts]**

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

**PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

X SIGNATURE: *Michael E May* X DATE SIGNED: 5-3-95

**FILING INSTRUCTIONS FOR FORM 1:**

**WHAT TO FILE:** After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing. Note: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

**WHERE TO FILE:** A *local officer* files with the Supervisor of Elections of the county in which he or she permanently resides (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters). A *state officer* or a *specified state employee* files with the Department of State, Room 1801, The Capitol, Tallahassee, Florida 32399-0250. A *candidate* files this form together with his or her qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**WHEN TO FILE:** Initially, each *local officer*, *state officer*, and *specified state employee* must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment. Thereafter, *local officers*, *state officers*, and *specified state employees* are required to file by July 1st following each calendar year they hold their positions. *Candidates* for publicly-elected state or local office must file at the same time they file their qualifying papers.

**MULTIPLE FILING UNNECESSARY:** Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**NOTICE:** UNDER PROVISIONS OF SEC. 112.317, FLORIDA STATUTES, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: DISQUALIFICATION FROM BEING ON THE BALLOT, IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT EXCEEDING \$10,000.

(Continued on p. 3)

# FORM 1 STATEMENT OF FINANCIAL INTERESTS 1994

**THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS**

MIKE MAY Michael E. May  
 MARION COUNTY  
 DEVELOPMENT REVIEW COMMITTEE  
 1334 SE 19TH STREET  
 OCALA, FL 34471

NAME OF AGENCY:  
 Marion County

LOCAL OFFICER OFFICE OR POSITION HELD:  
 Chairman, Development Review Committee

STATE OFFICER OFFICE HELD:

SPECIFIED STATE POSITION HELD:  
 EMPLOYEE

CANDIDATE OFFICE SOUGHT:

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RECEIVED  
 MAY 5 12 14 PM '94  
 COUNTY OF ELECTIONS  
 MARION COUNTY  
 FLORIDA

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POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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