# FORM 1

## STATEMENT OF FINANCIAL INTERESTS

2000

TINANCIAL INTERESTS				
LAST NAME - FIRST NAME - MIDDLE	NAME:	NAME OF REPORTING PER	SON'S AGENCY:	
Dane Griffin	28086-28086-1-2001			
Police Officer's Pension B	d. Of Trustees	CHECK ONE OF THE FOLLO	OWING (see "Who Must File" on page 3):	
Ocala 1528 SE 14th Avenue		LOCAL OFFICER		
1528 SE 14th Avenue Ocala FL 34471-0000		☐ CANDIDATE	SPECIFIED STATE EMPLOYEE	
		LIST OFFICE OR POSITION	HELD OR SOUGHT:	
A FISCAL YEAR. PLEASE STATE BELC DECEMBER 31, 2000	OW WHETHER THIS STATEMENT IS  OR	RECEDING TAX YEAR, WHETH S FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN TI	IER BASED ON A CALENDAR YEAR OR ON 'EAR ENDING EITHER (check one): HE CALENDAR YEAR:	
UES. BEGINNING IN 2001, THE LEGIS DOLLAR VALUES, WHICH REQUIRES MENT REFLECTS EITHER (check one):	OR REPORTING FINANCIAL INTERI LATURE HAS ALLOWED FILERS TH FEWER CALCULATIONS (see instruc	HE OPTION OF USING REPORt ctions for further details). PLEA	USUALLY BASED ON PERCENTAGE VAL- TING THRESHOLDS THAT ARE ABSOLUTE SE STATE BELOW WHETHER THIS STATE- AR VALUE THRESHOLDS (new method)	
7				
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S			DESCRIPTION OF THE SOURCE'S	
OF INCOME	ADDR	600000	PRINCIPAL BUSINESS ACTIVITY	
CARFFEN INSUPANCE 901 E. SELVER SPRIN		VER SPREATES	INSUPANCE HOGNICA	
HEENCY INC	MCALA, FR	27970		
			Por U	
,			portugated to the state of the	
			6	
PART B SECONDARY SOURCES OF NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
1/1	Po-1991	POBOL 962	OU PLANT SALES	
HANGING TREE MURSELY		DEDIA ESTEVEL	GAS STATION	
KNONE TALLEST	<b>5</b>	MAIN 6 3447	O MACHINE SHOP	
HELD THENT	<u> </u>	DINE STUELS	SPRINGS FUNERAL HOME	
LONDALA INCORPORATED	5	FRON SPRING	F. LOBGENIG + ERAMENIA	
· ·		ou] YTM900 M018AM 4018033	FILING INSTRUCTIONS for	
PART C REAL PROPERTY [Land, b]	when and where to file this form are located at the bottom of page 2.			
1001112, 1364 26		10. W on 6 h11	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.	
		(14/14/17)	on page 3 of this packet.  OTHER FORMS you may need to file are described on page 6.	
1		1		

TYPE OF INTANGIBLE		ates of deposit, etc.] BUSINESS ENTITY TO WHICH TH	E PROPERTY RELATES
STOCK	GRIFFIA	I INSUPPLIE HEE	NC4, INC.
401(K)	THE X	RENCEPPE, 1)ES	MOLNES, IA.
	<u></u>	Control of	
		And the second second second	
PART E — LIABILITIES [Major debts]	[154]		
NAME OF CREDITOR	. I	ADDRESS OF CR	EDITOR
SINITOMS MORILANS	Not APPLIC	The State of the S	
	7,40/ 1-70	HIJUC	
PART F — INTERESTS IN SPECIFIED BUSINI	ESSES [Ownership or posi	itions in certain types of businesses]	
NAME OF BUSIN	NESS ENTITY # 1	BUSINESS ENTITY # 2	BU <del>SINESS ENTITY # 3 →</del>
BUSINESS ENTITY (JRLFFD	N INSULANCE	ACENCA, INC.	
ADDRESS OF BUSINESS ENTITY 901 E.	SILVER SPR	WILLS BUND CARA	te 34470
PRINCIPAL BUSINESS ACTIVITY  TNSU	RONES SALA	l	<del>                                     </del>
POSITION HELD WITH ENTITY	17/PRESIDE	115	
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	o all NEL		
NATURE OF MY OWNERSHIP INTEREST  STOCK			1.6. V.
IF ANY OF PARTS A THROUGH	I F ARE CONTINUED	ON A SEPARATE SHEET, PL	EASE CHECK HERE
SIGNATURE			
SIGNATURE:	rifi	DATE SIGNED:	4/13/01
SIGNATURE	rifi	DATE SIGNED:	4/13/01

### 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: MULTIPLE FILING UNNECES-SARY:

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.

#### WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709

Candidates file this form together with your qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

#### 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.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.