FORM 1	STATEM	ENT OF	2001		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS			
LAST NAME FIRST NAME MIDDL	NAME:	FOR OF	FICE		
Joanne Yancey 45200 MAILING Ocala Planning And Zoning O 819 SE 14th Avenue Ocala FL 34471-	ommission	USE ON	ID Code		
CITY:					
NAME OF AGENCY :	D OR SOLICHT		ID No. 1906 E. Conf. Code No. 1906 E. Req. Code No. 1906 E. Code No. 1906		
NAME OF OFFICE ON FOSTION HE	D OK SOUGHT:		I P. Req. Code		
CHECK IF CANDIDATE OR	☐ NEW EMPLOYEE OR APPOIN	NTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BEI DECEMBER 31, 200	OW WHETHER THIS STATEMENT I	RECEDING TAX YEAR, WHET S FOR THE PRECEDING TAX Y TAX YEAR IF OTHER THAN			
	<u>—</u>				
MANNER OF CALCULATING REPOR PRIOR TO 2001, THE THRESHOLDS VALUES. BEGINNING IN 2001, THE L ABSOLUTE DOLLAR VALUES, WHICH THIS STATEMENT REFLECTS EITHE COMPARATIVE (PERCENTAG	FOR REPORTING FINANCIAL INTER EGISLATURE HAS ALLOWED FILER I REQUIRES FEWER CALCULATION R (check one):	RS THE OPTION OF USING RE IS (see instructions for further d	USUALLY BASED ON PERCENTAGE PORTING THRESHOLDS THAT ARE etails). PLEASE STATE BELOW WHETHER VALUE THRESHOLDS (new method)		
GIL A STATE					
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	, sou	the reporting person] JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Social Security Ad	n, 2001 124 Ave. N	V. Birmingham Al	Retirement Turome		
City of Ocala Retire			Alistows retirement		
	,)			
PART B SECONDARY SOURCES O NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	p businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
None					
PART C REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCT and where to file this ed at the bottom of pa					
Home, 819 St 14 Doublewide mob Lake Owen, 16	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
		¥ · /	OTHER FORMS you may need to file are described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Common Stock		Spatrust Banks Inc.					
IRA under 10%		Bank of America					
IRA under 1090		Marron Co. Credit Human					
IRA		AmSouth Bank					
CD		Am Bouth Bank					
Annuity		Western-Southern Life					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
Home Loak		Homeside Lendins					
Car Loan		marion Co, Credit Union					
		, , , , , , , , , , , , , , , , , , , ,					
The first control of the first control of the second of th	The second of what is a second of the second						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
BUSINESS ENT		ITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY							
	None						
BUSINESS ENTITY ADDRESS OF							
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS							
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD							
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%							
BUSINESS ENTITY 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	None	E CONTINUED	ON A SEPARATE SHEET, PLE	ASE CHECK HERE			
BUSINESS ENTITY 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	None						

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 filling.

NOTE:

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.

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/employees file with the Supervisor of Elections of the county in which they 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 their 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/employee, 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/employees, 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/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.