

214060

FORM 1 F

FINAL STATEMENT OF FINANCIAL INTERESTS

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

RECEIVED
NOV 23 10 41 AM '03
SUFY OF ELECTIONS
MARION COUNTY
FLORIDA

LAST NAME — FIRST NAME — MIDDLE NAME:
EHLERS, BRIAN

MAILING ADDRESS:
1803 SE 85th St RD

Ocala 34480 Marion

CITY: ZIP: COUNTY:

NAME OF REPORTING PERSON'S AGENCY:
Ocala

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

LOCAL OFFICER STATE OFFICER
 SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: **MEMBER, BOARD OF ADJUSTMENT, City of Ocala**

DISCLOSURE PERIOD:
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2003 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS December 31, 2003.

MANNER OF CALCULATING REPORTABLE INTERESTS:
PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS (old method) DOLLAR VALUE THRESHOLDS (new method)

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Brian Ehlers Construction Co.	2102 SW 20 th Pl Ste. 303	COMMERCIAL Construction

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Home 1803 SE 85 th St RD Ocala, FL
Rental, Resid. 2482 SE 8 th Circle Ocala, FL
Rental Resid. 2349 SE 19 th Circle Ocala, FL
Office, Rental 211 B SW 20 th Pl, Ocala, FL

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.

214060

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA Account at Morgan Stanley Dean Witter	Mutual Funds

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
SouthTrust Bank	2001 SW 17th St Ocala, FL
Independent Natl	60 SW 17th St. Ocala, FL
Countrywide Bank	MSNSV-26 B P.O. Box 10229 Van Nuys, CALIF.
SouthTrust Bank	203 E. SILVER SPRINGS BLVD. Ocala, FL

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	BRIAN Ehlers Const Co Inc		
ADDRESS OF BUSINESS ENTITY	2102 SW 20th Pl Ste 303 Ocala, FL 34478	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	Commercial Construction		
POSITION HELD WITH ENTITY	President		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES 100%		
NATURE OF MY OWNERSHIP INTEREST	100%		

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

SIGNATURE: Brian Ehlers DATE SIGNED: 11/17/04

FILING INSTRUCTIONS:

WHAT TO FILE:
After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you need not return any of the instruction pages).

WHEN TO FILE:
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, unless you take another position within the 60-day period that requires you to file financial disclosure on Form 1 or Form 6.

WHERE TO FILE:
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.

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

NOTE:
If you are leaving office or employment during the first half of the year, you may not have filed Form 1 for the previous calendar year. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for the previous calendar year by July 1 of this year.

RECEIVED
 CLERK
 11/22 AM 11:11
 OFFICE OF Ocala
 FLORIDA

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 NOV 22 11 01 AM '03
 SUPT OF FINANCIAL SERVICES
 MARION COUNTY
 FLORIDA

LAST NAME — FIRST NAME — MIDDLE NAME:
EHLERS, BRIAN # 214060.

MAILING ADDRESS:
1803 SE 85th ST RD

Ocala 34480 Marion

CITY: ZIP: COUNTY:

NAME OF REPORTING PERSON'S AGENCY:
Ocala

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

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 SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: **MEMBER**
BOARD OF ADJUSTMENT, City of Ocala

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