

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
 Griffin, Dane #41509

MAILING ADDRESS :  
 1528 SE 14th Avenue

CITY : Ocala ZIP : 34471 COUNTY : Marion County

NAME OF AGENCY :  
 Ocala

NAME OF OFFICE OR POSITION HELD OR SOUGHT : *DIRECTOR*  
*Ocala Police Retirement Board.*

CHECK IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

RECEIVED  
 2004 JUN 2 AM 11 15  
 CLERK OF SUPERIOR COURT  
 FLORIDA  
 ID Code  
 ID No.  
 Conf. Code  
 P. Req. Code

**\*\*THIS SECTION MUST BE COMPLETED\*\***

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2003 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**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
<i>GRIFFIN INSURANCE AGENCY, INC</i>	<i>901 E. SELVEL SPRINGS Ocala, Fl. 34470</i>	<i>SALARY</i>

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

NAME OF BUSINESS	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>GRIFFIN INSURANCE AGENCY, INC.</i>			
<i>HANGING TREE NURSERY</i>	<i>P.O. BOX 812</i>	<i>APOPKA, Fl. 32704</i>	<i>WHOLESALE ORNAMENTAL PLANTS</i>
<i>HEERS FUNERAL HOME,</i>	<i>910 E. SELVEL SPRINGS BLVD.</i>	<i>Ocala, Fl. 34470</i>	<i>FUNERAL HOME</i>
<i>FABRICATED METAL PROD., P.O. BOX 2196</i>	<i>Ocala, Fl. 34470</i>		<i>METAL FAB. SHOP</i>
<i>KAROB INSTRUMENT,</i>	<i>1644 NE 22 AVE</i>	<i>Ocala, Fl. 34470</i>	<i>MACHINE SHOP</i>

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


**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.

**OTHER FORMS** you may need to file are described on page 6.

#41509

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
STOCK	GRIFFIN INSURANCE AGENCY, INC.

PART E — LIABILITIES [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

NAME OF CREDITOR	ADDRESS OF CREDITOR

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	GRIFFIN INSURANCE AGENCY, INC.		
ADDRESS OF BUSINESS ENTITY	901 E. SILVER SPARKS BLVD, Ocala, FL 34470		
PRINCIPAL BUSINESS ACTIVITY	INSURANCE AGENCY		
POSITION HELD WITH ENTITY	PRESIDENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	STOCK		

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

SIGNATURE (required):

*Dan Griffin*

DATE SIGNED (required):

5/31/04

**FILING INSTRUCTIONS:**

**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 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.