

FORM 1	STATEMENT OF	2003	
Please print or type your name, mailing address, agency name, and position below:			
LAST NAME -- FIRST NAME -- MIDDLE NAME: WILLIAMSON, RICHARD		FOR OFFICE USE ONLY: ID Code ID No. Conf. Code P. Req. Code	
#52671			
MAILING ADDRESS: P O BOX 2196			
CITY: Ocala	ZIP: 34478		COUNTY: MARION COUNTY COUNTY CLERK'S OFFICE MARION COUNTY FLORIDA
NAME OF AGENCY: BOARD OF ADJUSTMENT			
NAME OF OFFICE OR POSITION HELD OR SOUGHT:			
CHECK IF <input type="checkbox"/> CANDIDATE OR <input checked="" type="checkbox"/> NEW EMPLOYEE OR APPOINTEE			
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): <input type="checkbox"/> DECEMBER 31, 2003 OR <input checked="" type="checkbox"/> 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): <input type="checkbox"/> COMPARATIVE (PERCENTAGE) THRESHOLDS OR <input checked="" type="checkbox"/> 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	
FABRICATED METAL PRODUCTS	PO BOX 2196 Ocala FL	METAL FABRICATION	
PART B -- SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person)			
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C -- REAL PROPERTY (Land, buildings owned by the reporting person)			FILING INSTRUCTIONS for whom 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.
2 HOMES IN MARION COUNTY			
VARIOUS VARIOUS COMMERCIAL PROPERTIES			

RECEIVED

#52671

PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	Stocks, bonds, certificates of deposit, etc. BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES (Major debts) NAME OF CREDITOR	ADDRESS OF CREDITOR
LTD	

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	FABRIANO METAL PAN		
ADDRESS OF BUSINESS ENTITY	P.O. Box 2196		
PRINCIPAL BUSINESS ACTIVITY	METAL FABRIATION		
POSITION HELD WITH ENTITY	OWNER		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST	100%		

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

SIGNATURE (required): 	DATE SIGNED (required): 9/2/04
---	--------------------------------

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.