

FINAL STATEMENT OF FINANCIAL INTERESTS

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

LAST NAME — FIRST NAME — MIDDLE NAME: <i>Emerson, Charles Jerry #312334</i>		NAME OF REPORTING PERSON'S AGENCY: <i>City of Dunnellon</i> <i>1) Comm. Redevel. Area Steering Committee</i> <i>2) Fire + Police Trust Pension Board</i>	
MAILING ADDRESS: <i>P.O. Box 226</i>		CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE	
CITY: <i>Dunnellon</i>	ZIP: <i>34430</i>	LIST OFFICE OR POSITION HELD: <i>See above</i>	
COUNTY: <i>Marion</i>			

THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2004 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS Jan. 30, 2004. (Date must be prior to 12/31/04)

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>Dunnellon State Bank</i>	<i>P.O. Box 1189, Dunnellon, FL 34430</i>	<i>Commercial Bank</i>
<i>Brannen Banks of Florida, Inc.</i>	<i>P.O. Box 1929, Inverness, FL 34451</i>	<i>Bank Holding Company</i>

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
<i>NONE</i>			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]	
NAME OF PROPERTY	ADDRESS
<i>NONE</i>	

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.

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 MARION COUNTY
 SOLE OF ELECTIONS
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Individual Retirement Account
Profit Sharing Plan

The Vanguard Group
Brannen Banks of Florida, Inc.

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

NONE

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

Dunnellon State Bank

Crystal River Bank

ADDRESS OF BUSINESS ENTITY

P.O. Box 1189
Dunnellon, FL 34430

P.O. Box 607
Crystal River, FL 34423

PRINCIPAL BUSINESS ACTIVITY

Commercial Bank

Commercial Bank

POSITION HELD WITH ENTITY

President + Director

Director

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NO

NO

NATURE OF MY OWNERSHIP INTEREST

NONE

NONE

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

SIGNATURE:

Charles Jerry Emerson

DATE SIGNED: Feb. 19, 2004

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.