# FORM 1

# STATEMENT OF

2004

address, agency name, and position below:	FINANCIA	L INTERES	TS	and the second of the second o		
LAST NAME FIRST NAME MIDDLE NA	,	F	OR OFFICE			
Renner, Robert L	# 141	7223 U	SE ONLY:	<del>.</del>		
MAILING ADDRESS :						
1026 NE 52nd Avenue	17435 SE 112 Summerfield.	nd Ave.	_			
	Summerfield.	20 34491	11	ID Code		
CITY: ZI	IP: COUNTY:	·				
		arion County	l II	D No.		
NAME OF AGENCY:	04110	anon County		Fector Section 1		
Marion County			C	Conf. Conf. = m		
NAME OF OFFICE OR POSITION HELD OF	₹ SOUGHT :		l P	P. Req. Gode C		
Alternate			• -			
CHECK ONLY IF	☐ NEW EMPLOYEE OR	APPOINTEE		Za Sa D		
	**BOTH PARTS OF THIS SEC	TION MUST BE COMPLE	TED**			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINAN	NCIAL INTERESTS FOR THE P	PRECEDING TAY VEAD W	/UCTUCO D	MACED ON A CALENDAR VEAR OR ON		
AT ISONE PERSE STATE BELOW V	WHETHER THIS STATEMENT	S FOR THE PRECEDING	TAX YEAR	ASED ON A CALENDAR YEAR OR ON ENDING EITHER (check one):		
DECEMBER 31, 2004	promp.	Y TAX YEAR IF OTHER TH				
MANNER OF CALCULATING REPORTABLE	E INTERESTS:					
THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR L	E OPTION OF USING REPORTING COMPARATIVE THREE	RTING THRESHOLDS TH	IAT ARE A	BSOLUTE DOLLAR VALUES, WHICH		
instructions for further details). PLEASE STA	TE BELOW WHETHER THIS S	TATEMENT REFLECTS EI	THER (chec	SED ON PERCENTAGE VALUES (see ck one):		
COMPARATIVE (PERCENTAGE) THE		OR 🔲		AR VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	, SOL	the reporting person] JRCE'S DRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
BELL SOUTH				PENSION		
SOCIAL SECURITY	A TCAN	<b>—</b> .				
The state of the s	TI TING	Tan				
PART B SECONDARY SOURCES OF INCO	OME [Major customers, clients,	and other sources of incom	ne to busine	esses owned by the reporting person]		
NAME OF NAM	ME OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS		
BUSINESS ENTITY O	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE		
NON	$\epsilon$					
DADT C DEA! DDODEDTY II and building		•	T			
PART C REAL PROPERTY [Land, buildings owned by the reporting person]				FILING INSTRUCTIONS for when and where to file this form are locat-		
1026 N.E 52NA	. 1		t the bottom of page 2.			
	n	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
			— оп ра	age 3.		
				HER FORMS you may need to		

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

VARIOUS STOCKS

AND ANNUTIES

PART E — LIABILITIES [Major debts]

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

NAME OF
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

NATURE OF MY
OWNERSHIP INTEREST

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

SIGNATURE (required):

DATE SIGNED (required):

## **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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this forms together with their advantagement and their statements.

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.

**BUSINESS ENTITY #3** 

**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.

FORM 1	STATEMENT OF	7	2004		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	ESTS [	Service where the particle of the service of the se		
LAST NAME FIRST NAME MIDDLE N		FOR OFFICE			
Renner, Robert L MAILING ADDRESS:	# 147223	USE ONLY:			
1026 NE 52nd Avenue		-	MA		
		-	O Code		
CITY:	ZIP: COUNTY:	_	_s <u>J.</u> <b>70</b>		
Ocala	10				
NAME OF AGENCY :	34470 Marion County		TEG C		
Marion County		C	onf. Code		
NAME OF OFFICE OR POSITION HELD	OR SOUGHT:	l P	Req. Code 8		
Alternate		_	70 <b>E</b> M		
CHECK ONLY IF 🔲 CANDIDATE OF	R NEW EMPLOYEE OR APPOINTEE		S S		
DECEMBER 31, 2004  MANNER OF CALCULATING REPORTAE THE LEGISLATURE ALLOWS FILERS T REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE ST	THE OPTION OF USING REPORTING THRESHOL R USING COMPARATIVE THRESHOLDS, WHICH A TATE BELOW WHETHER THIS STATEMENT REFLEC	DS THAT ARE A RE USUALLY BA CTS EITHER (che	ENDING EITHER (check one):  ALENDAR YEAR:  BSOLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES (see ck one):		
COMPARATIVE (PERCENTAGE) T	HRESHOLDS <u>OR</u>	U DOLLA	AR VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	OME [Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
BELL SOUTH	ATCANTA	_	PENSION		
SOCIAL SECURITY		-	ONTION		
206/AL CEUPITY	WASHINGTON				
		of income to busing RESS DURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
100	UE				
100					
PART C REAL PROPERTY [Land, build	lings owned by the reporting person)	FIL	ING INSTRUCTIONS for when		
		and	where to file this form are locat-		
1026 N.E 52N	DAVE OCHLA FL	INS	STRUCTIONS on who must file form and how to fill it out begin page 3.		
		OTHER FORMS you may need to file are described on page 6.			

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PART D — INTANGIBLE PERSON TYPE OF INTANGIB	IAL PROPERTY [Stock	s, bonds, certifica	ates of deposit, etc.] BUSINESS ENTITY	TO WHICH THE P	ROPERTY RELATES		
VARIOUS STOCK							
AND ANNUTIES							
HOU FIRMA / 182		i, i, euerano		V			
				- 1			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
. 1	1 —	:					
NO	NE						
			, , , , , , , , , , , , , , , , , , , ,				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
· 1	BUSINESS ENTI		BUSINESS EI		BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY					:		
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY		1)0	WE				
POSITION HELD WITH ENTITY		NO	7				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST				7 .			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):		<b>.</b>		DATE SIGNED (re	equired):		
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