

# 105651693  
2006  
2004

FORM 1

STATEMENT OF

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME :

BOND JERRY W

MAILING ADDRESS :

PO Box 582

McIntosh 32664 MARION  
CITY: ZIP: COUNTY:

McIntosh - City  
NAME OF AGENCY :

Board of Adjustment  
NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

RECEIVED  
July 3  
2006 JUN 16 AM 10:53  
SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA  
ID Code  
ID No.  
Conf. Code  
P. Rec. Code

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

\*\*BOTH PARTS OF 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 A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2004 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR Dec 31, 2005

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
ARIZONA PUBLIC SAFETY RETIREMENT SYSTEM	3010 E Camel Back Rd. Phx AZ 85016	Law Enforcement Retirement
ARIZONA WORKMEN'S COMP	800 Washington Street Phoenix 85007	WORKMANS COMPENSATION
U.S. VETERANS ADMINISTRATION	VETERANS Admin Atlanta GA	Military Disability
SOCIAL SECURITY	2001 1st Ave Birmingham AL 35285	SOCIAL SECURITY

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
NORTH PORT LAND DEVELOPMENT CORP	10070 of Corporation	20700 1st STREET	Land Development

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

20300 1st Street	34 AC McIntosh, FL
2.5 ACRES	McIntosh, FL
5 ACRES	Indian Trail, Clay County, FL

FILING INSTRUCTIONS for who and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must fill this form and how to fill it out begin on page 3.

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

FORM 1

STATEMENT OF

FINANCIAL INTERESTS

2006  
2004

COPY

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

LAST NAME - FIRST NAME - MIDDLE NAME:

BOND JERRY W

MAILING ADDRESS:

PO Box 582

McIntosh 32664 MARION  
CITY: ZIP: COUNTY:

McIntosh - City  
NAME OF AGENCY:

Board of Adjustment  
NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

RECEIVED  
2006 JUN 16 AM 10:53  
SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA  
RECEIVED  
2006 JUL -3 AM 11:11  
SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

"BOTH PARTS OF THIS SECTION MUST BE COMPLETED"

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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
ARIZONA PUBLIC SAFETY RETIREMENT SYSTEM	7010 E Camel Back Rd. Phoenix AZ 85016	Law Enforcement Retirement
ARIZONA WORKMEN'S COMP	800 Washington Street Phoenix 85007	Workmen's Compensation
U.S. VETERAN'S ADMINISTRATION	Veterans Admin Atlanta GA	Military Disability
SOCIAL SECURITY	2001 1st Ave Birmingham AL 35285	Social Security

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
NORTH PORT ROAD DEVELOPMENT CORP	10070 OF CORPORATION	20300 1st STREET	Land Development

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

<del>20300 1st Street</del>	<del>24 AC</del>	<del>McIntosh, FL</del>
2.5 ACRES		McIntosh, FL
5 ACRES		Indian Trail, Clay County, FL

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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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
CERTIFICATES OF DEPOSIT	ETRADE BANK
MONEY MARKET	BANK OF AMERICA

PART E — LIABILITIES (Major debts)	
NAME OF CREDITOR	ADDRESS OF CREDITOR
WELLS FARGO Mortgage	PO Box 14411 Des Moines Iowa 50306
SUNTRUST Bank	PO Box 179114 Baltimore, MD 21279
Independent Bank	5050 Poplar #112 Memphis, TN 38517

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	NORTH FORK Land Development Corp		
ADDRESS OF BUSINESS ENTITY	26300 1st St Tash		
PRINCIPAL BUSINESS ACTIVITY	Land Development		
POSITION HELD WITH ENTITY	SECRETARY member		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE (required):  DATE SIGNED (required): 7-1-06

**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 Macley Boulevard, South, Suite 201, Tallahassee, FL 32312.

*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.