

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Trow, Chester J

105779715

MAILING ADDRESS :

21 North Magnolia Ave

CITY :

Ocala

ZIP :

34475

COUNTY :

Marion County

NAME OF AGENCY :

Ocala

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

2008 JUN 23 PM 4:35

RECEIVED

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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 ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2007

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>See attach</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 ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
| <i>See attach</i> | | | |
| | | | |
| | | | |

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

| | |
|-------------------|--|
| <i>See attach</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.

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

105779715.

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

See Attached

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

See Attached

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 | <i>Carbon Title, Inc</i> | | |
| ADDRESS OF BUSINESS ENTITY | <i>21 North Magnolia Ave Ocala FL</i> | | |
| PRINCIPAL BUSINESS ACTIVITY | <i>title co</i> | | |
| POSITION HELD WITH ENTITY | <i>see attached</i> | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | <i>yes</i> | | |
| NATURE OF MY OWNERSHIP INTEREST | <i>stock</i> | | |

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

SIGNATURE (required):

DATE SIGNED (required):

6/23/2008

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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

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 Blvd. 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.

FORM 1

STATEMENT OF

2006

FINANCIAL INTERESTS

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

LAST NAME - FIRST NAME - MIDDLE NAME

Trow, Chester J.

105777765

FDR OFFICE USE ONLY.

EM

MAILING ADDRESS

21 North Magnolia Ave

D Code

D No

Cont. Code

F. Rec. Code

RECEIVED JUN 22 PM 2:02

CITY

Ocala

ZIP

34475

COUNTY

Marion County

NAME OF AGENCY

Ocala

NAME OF OFFICE OR POSITION HELD OR SOUGHT

Member, Board of Adjustment

You are not limited to the codes on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

"BOTH PARTS OF THIS SECTION MUST BE COMPLETED"

DISCLOSURE PERIOD:

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DECEMBER 31, 2006

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 MORE 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 | ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|------------------------------|------------------------------------|---|
| Chester J. Trow, PA | 21 N. Magnolia Ave., Ocala, FL | Law Practice |
| Warehouse Trust 101 (Heincs) | 125 NE 1st Avenue, Ocala, FL 34470 | Warehouse Rental |
| Starfish Properties, LLC | 1972 Twin Bridge Circle, Ocala, FL | Warehouse Rental |
| Keenan Helvey | 3185 NE 33rd Avenue, Ocala, FL | Loan |

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 SOURCE OF BUSINESS INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|--|---------------------------------------|
| TAP MANAGEMENT, LLC | FEES | 21 N. Magnolia Avenue Ocala, FL 34475 | Office Operations |

PART C - REAL PROPERTY (Real holdings owned by the reporting person)

| | |
|---|--|
| 1972 Twin Bridge Circle, Ocala, FL 34471 | <p>FILING INSTRUCTIONS (for when and where to file this form are located at the bottom of page 2.)</p> <p>INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.</p> <p>OTHER FORMS you may need to file are described on page 4.</p> |
| 4240 S.E. 53rd Avenue, Ocala, FL 34471 | |
| 4220 S.E. 53rd Avenue, Ocala, FL 34470 | |
| 14400 S.E. 108th Terrace, Summerfield, FL | |

105779115

| PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc.) | |
|--|---|
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
| Common Stock | Chesler J. Trow, P.A. |
| Membership | Starfish Properties, LLC |
| None | Kearnan Helvey |

| PART E — LIABILITIES (Mortgages) | |
|----------------------------------|--|
| NAME OF CREDITOR | ADDRESS OF CREDITOR |
| Dexter J. Trow | 1805 Nibleck Drive, Jacksonville, FL |
| WFS Bank | 412 NW 10th Street, Ocala, FL |
| Regions Bank | 1703 S.E. 17th Street, Ocala, FL 34471 |

| 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 | N/A | N/A | N/A |
| ADDRESS OF BUSINESS ENTITY | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | | | |
| HOW MANY 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): 7/19/07

FILING INSTRUCTIONS:

WHAT TO FILE:
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State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 16105, Tallahassee, FL 32317-0700 (physical address: 3801 Maday Boulevard, South Gate 200, Tallahassee, FL 32310).
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:
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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 or duly file following each calendar year in which they hold their positions.
Finally, at the end of each year or appointment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1) within 60 days of leaving office or employment.