

# FORM 1

# STATEMENT OF

2008  
2009

## FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

EWERS RONALD L #105542589

MAILING ADDRESS :

535 SE 22<sup>ND</sup> AVE

Ocala FL 34471

CITY: ZIP: COUNTY:

CENTRAL FLORIDA COMMUNITY COLLEGE  
2 GAINESVILLE / ALACHUA REGIONAL AIRPORT AUTHORITY

NAME OF AGENCY :

TRUSTEE IN BOARD MEMBER

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

2009 OCT 29 PM 2:59

RECEIVED

cc

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, 2008 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 4/28/2009

**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
INVESTMENT INCOME	535 SE 22 AVE	CAPITAL GAINS
MORGAN STANLEY	Ocala FL. 34471	AND LOSSES
DIVIDEND INCOME	SAME	DIVIDENDS RECEIVED

**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]

RESIDENCE - Ocala
LAKE HOUSE - LAKE WEAVER
COMMERCIAL BUILDING Ocala

**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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stock & Mutual Funds	SELF
MANAGED BY MORGAN STANLEY	SELF
REAL ESTATE PARTNERSHIP IN Ocala	

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
SUN TRUST	Ocala Florida
MORGAN STANLEY	Ocala Florida

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	ENCORR EQUITY PROPERTIES LLC		
ADDRESS OF BUSINESS ENTITY	INDUSTRIAL RENTAL Ocala Florida		
PRINCIPAL BUSINESS ACTIVITY	RENTAL		
POSITION HELD WITH ENTITY	PARTIAL OWNERSHIP		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	"SEE ATTACHED"		

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

SIGNATURE (required): *Ronald A. Ewers* DATE SIGNED (required): 10/28/2009

**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 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.

#105542589

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stack & Mutual Funds	SELF
MANAGED BY MORGAN STANLEY	
REAL ESTATE PARCELS	
IN Ocala	

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
SUB TRUST	Ocala Florida
MORGAN STANLEY	Ocala Florida

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	ENCORP RENTY		
ADDRESS OF BUSINESS ENTITY	Ocala FL		
PRINCIPAL BUSINESS ACTIVITY	RENTAL		
POSITION HELD WITH ENTITY	PARTIAL OWNER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	INVESTOR		

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

SIGNATURE (required): *Emald A. Ewers*

DATE SIGNED (required): 10/29/2009

### FILING INSTRUCTIONS:

**WHAT TO FILE:**  
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