

FINANCIAL INTERESTS

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

105675298

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Adams, Rus

MAILING ADDRESS :
2265 Mill Creek Cir

CITY : Ocala ZIP : 34471 8387 COUNTY : Marion County

NAME OF AGENCY :
Ocala

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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

FOR OFFICE USE ONLY:

RECEIVED

2011 AUG 10 PM 12:25

SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

ID Code _____
ID No. _____
Conf. Code _____
P. Req. Code _____

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 (must check one):

DECEMBER 31, 2010 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 (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<i>Clem Charva Outsource</i>	<i>7315W 37th Ave Ocala FL</i>	<i>Outsource Advertising</i>

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

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] (If you have nothing to report, you must write "none" or "n/a")

2265 Mill Creek Cir Ocala FL 34471

1918 W Clatter Bungalows Ocala FL 34471

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.

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<i>See Attached State Meds</i>	

PART E — LIABILITIES [Major debts]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
<i>Flagstar Bank</i>	<i>5151 Corporate Drive Troy MI 48098-2639</i>
<i>GMAC Mortgage</i>	<i>P.O. Box 4622 Waterloo, IA 50704-4622</i>

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]
(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>Clean Channel Outlets</i>	<i>T.C. Buncher Inc</i>	<i>Marion Cultural Alliance</i>
ADDRESS OF BUSINESS ENTITY	<i>731 SW 3rd St Okaloosa</i>	<i>2265 Mill Creek Cir Okaloosa</i>	<i>235 W. Bronson Hwy Okaloosa</i>
PRINCIPAL BUSINESS ACTIVITY	<i>Outlets PA Sales</i>	<i>Medical Sales</i>	<i>Supporting Arts Community</i>
POSITION HELD WITH ENTITY	<i>President - Okaloosa</i>	<i>Board Member</i>	<i>Board Member</i>
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<i>No</i>	<i>No</i>	<i>No</i>
NATURE OF MY OWNERSHIP INTEREST	<i>Employee</i>	<i>Board Member</i>	<i>Board Member</i>

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

SIGNATURE (required): *[Signature]* DATE SIGNED (required): *2/8/11*

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.

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Rus CMA

Account Number: 700-26606

24-Hour Assistance: (800) MERRILL

YOUR CMA ASSETS

June 01, 2011 - June 30, 2011

EQUITIES (continued)		Symbol	Acquired	Quantity	Unit	Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Annual Income	Current Yield%
JOHNSON AND JOHNSON COM		JNJ	11/28/05	150								
KRAFT FOODS INC VA CL A		KFT	08/11/97	138								
			09/09/08	262								
<i>Subtotal</i>				400								
LIVE NATION ENT INC		LVY	10/12/96	37								
MCDONALDS CORP COM		MCD	08/11/97	400								
PHILIP MORRIS INTL INC		PM	08/11/97	200								
PROCTER & GAMBLE CO		Pg	01/07/97	200								
WELLS FARGO & CO NEW DEL		WFC	09/08/99	400								
TOTAL												

RESEARCH RATINGS

Security	Symbol	BofAML Research	Morningstar	S&P
ALTRIA GROUP INC	MO	Buy (B17)	Hold	Buy
AUTOMATIC DATA PROC	ADP	Buy (B17)	Hold	Buy
BP PLC SPON ADR	BP	Buy (C17)	Under Review	Hold
BROADRIDGE FINL	BR	Neutral (B27)	No Coverage	No Coverage
INTEL CORP	INTC	Neutral (B27)	Hold	Hold
JOHNSON AND JOHNSON COM	JNJ	Neutral (A27)	Buy	Buy
KRAFT FOODS INC VA CL A	KFT	Buy (B17)	Hold	Hold
MCDONALDS CORP COM	MCD	Buy (B17)	Hold	Hold
PHILIP MORRIS INTL INC	PM	Buy (B17)	Hold	Buy
PROCTER & GAMBLE CO	Pg	Buy (A17)	Buy	Hold

PLEASE REFER TO THE BACK OF YOUR STATEMENT FOR A GUIDE TO BOFAML AND THIRD PARTY RESEARCH RATINGS.