FURM 1		STATEMENT OF			2010			
Please print or type your name, mailing address, agency name, and position be	low:	INANCIAL	INTERES	TS	105584	772		
LAST NAME FIRST NAME MIDI	DLE NAME :		50	OR OFFICE	• •			
Kurtz Jon		SE ONLY:		1				
MAILING ADDRESS :								
1720 Sw 554	(cdad	-		-				
				. 100	Code MA	RECE 2011 JUN 30 SUPERVISOR C		
CITY:	ZIP:			Ş				
OCALA	24771	ンロコ	IDN	Va.	is \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
NAME OF AGENCY:				2	$\stackrel{>}{\sim}$ $\stackrel{\sim}{\sim}$			
Sound of T.	orter's	Con	No. COUNTY					
NAME OF OFFICE OR POSITION H	P.R	Req. Code						
Truste				<u> </u>				
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 A	PPOINTEE			CEM		
	******	104000000000000000000000000000000000000				C C ,		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 201	FINANCIAL IN	ITERESTS FOR THE PRI ER THIS STATEMENT IS	FOR THE PRECEDING T	HETHER BASI AX YEAR ENI	DING EITHER (must (YEAR OR ON theck ane):		
			TAX YEAR IF OTHER THA	AN THE CALE	NDAR YEAR:			
MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	RS THE OPTI B. OR USING	ON OF USING REPORT	KIKIS WHIEN ADE HE	INTIV DACET	U VII DEDVEMENT VS	LUES, WHICH VALUES (see		
COMPARATIVE (PERCENTAGE	E) THRESHOL	DS OR			*			
				AR VALUE TH	IRESHOLDS			
PART A - PRIMARY SOURCES OF (if you have nothing to re	income livisi	Of Sources of income to th st write "none" or "n/a"\	te reporting person]					
NAME OF SOURCE OF INCOME		SOUF	RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
Alania Bank								
State Devel		1 NE Ist	A DE OCALA	CACA O1-king				
		· · · · · · · · · · · · · · · · · · ·						
PART B - SECONDARY SOURCES (If you have nothing to r	OF INCOME	Major customers, clients,	and other sources of incor	me to busines	ses owned by the rep	orling person]		
NAME OF		MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS			
BUSINESS ENTITY		SINESS' INCOME	OF SOURCE					
KY Ucature, Inc	Ac.1	eith Zandas miscellings			rul citi	h re-lil secon		
PAL- CAT WALFIN	C., "	**			1-	• •		
1117 Jon LCC		c	••					
whithill, LCC	٠.	••	* *					
PART C - REAL PROPERTY [Land, (If you have nothing to re	when	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.						
see list			· -					
					INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
	1,		OTHER FORMS					
					ER FORMS you r	nay need		

PART D — INTANGIBLE PERSON. (If you have nothing to										
TYPE OF INTANGIBLE		1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
N/4										
	HT.			***************************************						
	W.J. 11 ##WE									
PART E — LIABILITIES [Major del		Write "pone" or "r	1/a"\							
(If you have nothing to report, you must w		write none or ;								
NAME OF CREDITOR			ADDRESS OF CREDITOR							
N/A			,							
	······································									
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										
			BUSINESS ENTIT #		BUSINESS ENTITY # 3					
NAME OF BUSINESS ENTITY		re- Bank								
ADDRESS OF BUSINESS ENTITY	1 144	11 f dec								
PRINCIPAL BUSINESS ACTIVITY	BA-King									
POSITION HELD WITH ENTITY	BA-King President	g- (65								
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS										
NATURE OF MY OWNERSHIP INTEREST	s foch									
IF ANY OF PARTS A	IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (required):	1	11/	DATE SIGNED (required):							
111 (11)		<i>V</i>		4/24/11						
/ //FILING INSTRUCTIONS:										
WHAT TO FILE: After completing all parts of this form, including all signing and dating it, send back only the first sheet (pages 1 and 2) for filing.		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.		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 employ-						
section, you must write "none" or "n/a" in that section(s).		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.)			ment. 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					
NOTE: S MULTIPLE FILING UNNECESSARY: fill Generally a person who has filed Form 1 for a		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		must file at the same time they file their qualifying papers. Thereafter, local officers/employees, state officers, and specified state employees are						

201, Taliahassee, FL 32312.

qualifying papers.

on page 3.

Candidates file this form together with their

falls under, see the "Who Must File" Instructions

To determine what category your position

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.

required to file by July 1st following each

calendar year in which they hold their posi-

Finally, at the end of office or employment,

PAGE 2

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.

Part C Land & Buildings

1720 SW 15th Ave

Ocala

951 NE 16th St

Ocala

2124 SW 20th PI

Ocala

10654 S Hwy 441

Belleview

640 NW 27th Ave

Ocala

302 SW 33rd Ave

Ocala

820 NE 16th St

Ocala

1910 SW 18th Ct

Ocala

200 NE 25th Ave

Ocala

2123 SW 20th Pl

Ocala

10244 SW 86th St

Ocala

325 NE 25th Ave

Ocala

251 SW 142nd St

Newberry

Pine Run Subdivision-Infrastructure-Ocala

Professional Office Center:

5,000 SF warehouse on US 27 near corner of US27 and Hwy 27