

FORM 1

STATEMENT OF

FINANCIAL INTERESTS

105675298 2011 E

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Adams Arthur Cyrus

MAILING ADDRESS :

2265 Mill Creek Circle

CITY : ZIP : COUNTY :

Ocala FL 34471-8387

NAME OF AGENCY :

City of Ocala

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Planning & Zoning Commissionser *Board Member*

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:

ID Code

ID No.

Conf. Code

P. Req. Code

SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

2012 AUG 17 AM 10:37

RECEIVED

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2011 PDF Form 1

**** 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, 2011 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 - See instructions p. 4]

(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
Clear Channel Outdoor	731 SW 37th Ave. Ocala, FL 34474	Outdoor Advertising Sales

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4]

(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
None			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4]

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

2265 Mill Creek Circle Ocala, FL	Laurel Run
1918 Clatterbridge Road Ocala, FL	Laurel Run
8665B SW 94th St. Ocala FL 34478	On Top of the World

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.

105675298

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Various	See attached

PART E — LIABILITIES [Major debts - See instructions p. 5]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
PNC Mortgage	
GMAC Mortgage	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
 (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	Chris Bricker Inc.		
ADDRESS OF BUSINESS ENTITY	2265 Mill Creek Circle		
PRINCIPAL BUSINESS ACTIVITY	Medical Device sales		
POSITION HELD WITH ENTITY	Vice President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	no		
NATURE OF MY OWNERSHIP INTEREST	Board Member		

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

SIGNATURE (required):

DATE SIGNED (required):



8/15/12

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).

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

C C 401K (93807) C C 401K (93807)

<u>Symbol</u>	<u>Description</u>	<u>Quantity</u>	
FDIVX	FID DIVERSIFD INTL FID DIVERSIFD INTL	753	6%
FFFCX	FID FREEDOM 2010 FID FREEDOM 2010	2,194	8%
FFFDX	FID FREEDOM 2020 FID FREEDOM 2020	832	3%
FGCKX	FID GROWTH CO K FID GROWTH CO K	545	13%
FLPSX	FID LOW PRICED STK FID LOW PRICED STK	2,303	24%
FRTXX	FID RETIRE MMKT FID RETIRE MMKT	15,399	4%
FXSIX	SPTN 500 INDEX INST SPTN 500 INDEX INST	522	7%
LSVEX	LSV VALUE EQUITY LSV VALUE EQUITY	2,461	9%
MPEGX	MSIF MID CAP GRTH I MSIF MID CAP GRTH I	1,422	13%
PTTRX	PIM TOTAL RT INST PIM TOTAL RT INST	4,279	13%

COB Date	Security Description	Quantity	% of holdings
8/10/2012	ALTRIA GROUP INC	200	2.9%
8/10/2012	AUTOMATIC DATA PROC	300	7.3%
8/10/2012	BP PLC SPON ADR	200	3.6%
8/10/2012	BROADRIDGE FINL	75	0.7%
8/10/2012	CIT GROUP INC NEW	122	2.0%
8/10/2012	CLEAR CHANNEL OUTDOOR	500	1.1%
8/10/2012	EATON VANCE TAX MGD	442	4.5%
8/10/2012	FLORIDA ST BRD ED PUB ED	25,000	12.4%
8/10/2012	HARLEY DAVIDSON INC WIS	300	5.2%
8/10/2012	INTEL CORP	400	4.5%
8/10/2012	J M SMUCKER CO	2	0.1%
8/10/2012	JOHNSON AND JOHNSON COM	150	4.3%
8/10/2012	KRAFT FOODS INC VA CL A	400	6.9%
8/10/2012	LIVE NATION ENT INC	37	0.1%
8/10/2012	MCDONALDS CORP COM	400	14.8%
8/10/2012	PHILIP MORRIS INTL INC	200	7.7%
8/10/2012	PROCTER & GAMBLE CO	200	5.6%
8/10/2012	WELLS FARGO & CO NEW DEL	400	5.7%
8/10/2012	BLACKROCK GLOBAL	102	0.8%
8/10/2012	DAVIS NY VENTURE	231	3.3%
8/10/2012	FIA CARD SVS NA RASP	15,521	6.5%