

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Ewers, Ronald L

MAILING ADDRESS :

535 Se 22nd Ave

CITY : ZIP : COUNTY :

Ocala 34471 2652 Marion County

NAME OF AGENCY :

Gainesville-Alachua County Reg. Airport Auth.

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:

105542589

ID Code

ID No.

Conf. Code

P. Req. Code

SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

2012 JUN 21 AM 11:11

RECEIVED

\*\*\*\* 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
MORGAN STANLEY	Ocala FL 34471	Stock Dividends
SOCIAL SECURITY	WASHINGTON DC	SOCIAL SECURITY
RETIREMENT FEDERAL NAVAL SPARTAN TERV.	OAKBROOK ILL	RETIREMENT FROM FEDERAL GOVT
EWERS CONSULTING	625 SW 410 Ave Ocala FL	CONSULTING

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
MISC INVESTMENTS	GOOD PROPERTIES	Ocala FL	LAND PROPERTIES
LEGENDARY TRAIL	SELLING LAND	Ocala FL	SELLING LOTS

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")

**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. - 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

**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

**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			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN 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):**

*Ronald J. Cuers*

6/19/2012

**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.

Ronald L. Ewers  
 535 SE 22nd Avenue  
 Ocala, FL 34471  
 Statement of Financial Interests (2011)

**PART A - PRIMARY SOURCES OF INCOME**

Morgan Stanley	Ocala, FL	Dividends, Interest, Capital Gains
Morgan Stanley	Ocala, FL	IRA Distributions
Social Security	Washington D.C.	Social Security Benefits
Bank of American RPS	Hartford, CT	Retirement Pension
Ewers Consulting, Inc	Ocala, FL	Consulting Services

**PART B - SECONDARY SOURCES OF INCOME**

Encore Equity Properties, LLC	Ocala, FL	Rental Activity, Distributions
Ocala SR 200 Equity Partners	Ocala, FL	Rental Activity, Interest Income
Ocala Airport Equity Partners	Ocala, FL	Rental Activity, Interest Income
Ewers Technology, LLC	Ocala, FL	Business Activity
Classic Emergency Partners, LLC	Ocala, FL	Partnership Distributions

**PART C - REAL PROPERTY**

Commercial Building, Land	FL	Encore Equity Properties, LLC
Commercial Building, Land	FL	Central Development Enterprises
Commercial Building, Land	FL	Ocala-SR 200 Equity Partners
Commercial Building, Land	FL	Fourth Street St. Pete Associates
Commercial Building, Land	FL	Ocala Airport Equity Partners
Commercial Building, Land	FL	St. Lucie Equity Partners
Commercial Building, Land	FL	Four Dog, LLC
Land	FL	Legendary Trails Investors, LLC

**PART D - INTANGIBLE PERSONAL PROPERTY**

Checking & Savings Accounts	Personal	Various Financial Institutions
Cash Value of Life Insurance	Personal	Ameriprise, Washington National, Prudential
IRA	Personal	Morgan Stanley
Stocks & Bonds	Personal	Morgan Stanley
Notes Receivable	Personal	Various Entities with Ownership Interest
Partnership Interest	Personal	Encore Equity Properties, LLC
Partnership Interest	Personal	Central Development Enterprises
Partnership Interest	Personal	Ocala-SR 200 Equity Partners
Partnership Interest	Personal	Fourth Street St. Pete Associates
Partnership Interest	Personal	Ocala Airport Equity Partners
Partnership Interest	Personal	St. Lucie Equity Partners
Partnership Interest	Personal	Ewers Technology, LLC
Partnership Interest	Personal	Oxylife Respiratory Services, LLC
Partnership Interest	Personal	Ocala Easy Street Family Fun Center
Partnership Interest	Personal	Alpine Meadows, LP
Partnership Interest	Personal	Four Dogs, LLC

**PART E - LIABILITIES**

Margin Loan	Personal	Morgan Stanley
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**PART F - INTERESTS IN SPECIFIED BUSINESSES**

N/A