

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

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

105675298

SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

2014 JUL -8 PM12:36

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):

[X] DECEMBER 31, 2013 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING:

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

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

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Includes entries for Adams Business Consulting and Clear Channel Outdoor.

PART B -- SECONDARY SOURCES OF INCOME

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

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

Table with 4 columns: 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 - See instructions]

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

Table with 2 columns: Address, Zip. Includes entries for 2265 Mill Creek Cir Ocala FL 34471, 1518 Clatter Bridge Cir Ocala FL 34471, and 8665B SW 94th St Ocala FL 34478.

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.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
SEE Attached	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
FLAGSTAR BANK	Box 371891 Pittsburg PA 15250-7851
OCWEN	PO BOX 24738 West Palm Beach FL 33416-9738

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	TC Berchu Inc	
ADDRESS OF BUSINESS ENTITY	2265 Mill Creek Cir Ocala	
PRINCIPAL BUSINESS ACTIVITY	Medical Sales	
POSITION HELD WITH ENTITY	Officer	
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):

[Handwritten Signature]

7/14/14

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, Heather Cyrus Adams Jr, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

[Handwritten Signature]
Signature

7/3/14
Date

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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, 2013.

24-Hour Assistance: (800) MERRILL

ACCOUNT INVESTMENT OBJECTIVE

November 30, 2013 - December 31, 2013

GROWTH: Objective is to accumulate wealth over time through price appreciation rather than current income. The investor should be willing to accept the risk of price volatility and principal loss in seeking to achieve growth.

If you have changes to your investment objective, please contact your Financial Advisor(s).

YOUR CMA BANK DEPOSIT INTEREST SUMMARY

Money Account Description	Opening Balance	Average Deposit Balance	Current Yield%	Interest on Deposits	Closing Balance
FIA Card Services, N.A.					
Bank of America CA, N.A.					
TOTAL ML Bank Deposit Program					

YOUR CMA ASSETS

CASH/MONEY ACCOUNTS Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
CASH						
+ML BANK DEPOSIT PROGRAM						
+FDIC INSURED NOT SIPC COVERED						
TOTAL						

MUNICIPAL BONDS Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Current Annual Income	Estimated Current Yield%
FLORIDA ST BRD ED PUB ED CAP OUTLAY 2005 SER G AUG07 05,000,000 MOODY'S: AA1 S&P: AAA CUSIP: 3415353U4 PAR CALL DATE: 06/01/18 PAR CALL PRICE: 100.00									
TOTAL									

+

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9746



YOUR CMA ASSETS

November 30, 2013 - December 31, 2013

PLEASE REFER TO NOTES BELOW FOR INFORMATION REGARDING CREDIT RATINGS.

<i>Equities Description</i>	<i>Symbol</i>	<i>Acquired</i>	<i>Quantity</i>	<i>Unit Cost Basis</i>	<i>Total Cost Basis</i>	<i>Estimated Market Price</i>	<i>Estimated Market Value</i>	<i>Unrealized Gain/(Loss)</i>	<i>Estimated Current Annual Income Yield%</i>
ALTRIA GROUP INC	MO	08/11/97							
AUTOMATIC DATA PROC	ADP	01/07/97							
BP PLC SPON ADR	BP	04/27/98							
BROADRIDGE FINL SOLUTIONS INC	BR	01/07/97							
CIT GROUP INC NEW	CIT	12/05/05							
CLEAR CHANNEL OUTDOOR HLDGS INC - A	CCO	11/10/05							
HARLEY DAVIDSON INC WIS	HOG	01/07/97							
INTEL CORP	INTC	08/11/97							
J M SMUCKER CO	SJM	01/07/97							
JOHNSON AND JOHNSON COM	JNJ	11/28/05							
KRAFT FOODS GROUP INC SHS	KRFT	08/11/97 09/09/08							
<i>Subtotal</i>									
LIVE NATION ENT INC	LYV	10/12/96							
MCDONALDS CORP COM	MCD	08/11/97							
MONDELEZ INTERNATIONAL INC	MDLZ	08/11/97 09/09/08							
<i>Subtotal</i>									
PHILIP MORRIS INTL INC	PM	08/11/97							
PROCTER & GAMBLE CO	PG	01/07/97							
WELLS FARGO & CO NEW DEL	WFC	09/08/99							
TOTAL									

24-Hour Assistance: (800) MERRILL

YOUR CMA ASSETS

November 30, 2013 - December 31, 2013

RESEARCH RATINGS

Security	Symbol	BofAML Research	Morningstar	S&P
ALTRIA GROUP INC	MO	[REDACTED]	[REDACTED]	[REDACTED]
AUTOMATIC DATA PROC	ADP	[REDACTED]	[REDACTED]	[REDACTED]
BP PLC SPON ADR	BP	[REDACTED]	[REDACTED]	[REDACTED]
INTEL CORP	INTC	[REDACTED]	[REDACTED]	[REDACTED]
JOHNSON AND JOHNSON COM	JNJ	[REDACTED]	[REDACTED]	[REDACTED]
KRAFT FOODS GROUP INC	KRFT	[REDACTED]	[REDACTED]	[REDACTED]
MONDELEZ INTERNATIONAL	MDLZ	[REDACTED]	[REDACTED]	[REDACTED]
MCDONALDS CORP COM	MCD	[REDACTED]	[REDACTED]	[REDACTED]
PHILIP MORRIS INTL INC	PM	[REDACTED]	[REDACTED]	[REDACTED]
PROCTER & GAMBLE CO	PG	[REDACTED]	[REDACTED]	[REDACTED]
WELLS FARGO & CO NEW DEL	WFC	[REDACTED]	[REDACTED]	[REDACTED]

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

MUTUAL FUNDS/CLOSED END FUNDS/UIT	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Total Client Investment	Cumulative Investment Return (\$)	Estimated Annual Current Income Yield%
DOUBLELINE TOTAL RETURN BOND FUND CL I SYMBOL: DBLTX Initial Purchase: 06/03/13 Fixed Income 100% .7870 Fractional Share	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
EATON VANCE TAX MANAGED GROWTH 1:1 FUND CL I SYMBOL: EITMX Initial Purchase: 12/03/98 Equity 100% .6569 Fractional Share .0001 Fractional Share	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

YOUR CMA ASSETS

November 30, 2013 - December 31, 2013

MUTUAL FUNDS/CLOSED END FUNDS/UIT (continued) Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Total Client Investment	Cumulative Investment Return (\$)	Estimated Annual Current Income Yield%
RS TAX EXEMPT FUND CL Y SYMBOL: RSTYX Initial Purchase: 06/03/13 Fixed Income 100% .7450 Fractional Share								
T. ROWE PRICE TAX FREE SHRT INTERMEDIATE FUND SYMBOL: PRFSX Initial Purchase: 06/03/13 Fixed Income 100% .4610 Fractional Share								
TEMPLETON GBL. BOND FD ADV CL SYMBOL: TGBAX Initial Purchase: 06/03/13 Fixed Income 100% .2400 Fractional Share								
Subtotal (Fixed Income)								
Subtotal (Equities)								
TOTAL								

Total Client Investment: Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.

Cumulative Investment Return: Estimated Market Value minus Total Client Investment. Cumulative Investment Return is the dollar value of the capital appreciation (depreciation) of all shares purchased and still held, including shares acquired through reinvestment of dividends and distributions, which may be greater or less than the actual income distributed.

Market Timing: Merrill Lynch's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions.

Unrealized Gain or (Loss): Estimated Market Value minus Total Cost Basis (total cost of shares directly purchased and still held, as well as cost of shares acquired through reinvestment). Provided for Tax Planning purposes only and is not applicable to retirement accounts.

Initial Purchase: Date of your initial investment in this fund.