

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

Ewers, Ronald L

MAILING ADDRESS :

535 SE 22nd Ave

CITY :

Ocala

ZIP :

34471

COUNTY :

Marion

NAME OF AGENCY :

College of Central Florida

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Trustee College of Central Florida

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

105542589

COMMISSION ON ETHICS

DATE RECEIVED

JAN 31 2014

22450
 RECEIVED
 SUPERVISOR OF
 MARION COUNTY
 PROCESSED
 SCANNED

**** 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, 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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
See Attached		

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")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See Attached			

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

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

See Attached

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.

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
See Attached	

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
	See Attached	
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 Ewers

1/23/2014

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, _____, 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.

Signature

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.

Ronald L. Ewers
 535 SE 22nd Avenue
 Ocala, FL 34471
 Statement of Financial Interests (2013)

PART A - PRIMARY SOURCES OF INCOME

<u>Name of Source of Income</u>	<u>Source's Address</u>	<u>Description of the Source's Principal Business Activity</u>
Morgan Stanley	Ocala, FL	Dividends, Interest, Capital Gains
Social Security	Washington D.C.	Social Security Benefits
Bank of American RPS	Hartford, CT	Retirement Pension
Ewers Consulting, Inc	Ocala, FL	Consulting Services
Encore Equity Properties, LLC	Ocala, FL	Rental Activity, Distributions
Legendary Trails Investors, LLC	Ocala, FL	Distributions

PART B - SECONDARY SOURCES OF INCOME

<u>Name of Business Entity</u>	<u>Name of Major Source of Business Income</u>	<u>Address of Source</u>	<u>Principal Business Activity of Source</u>
N/A			

PART C - REAL PROPERTY

<u>Description</u>	<u>Location</u>	<u>Related Business Entity</u>
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

<u>Type of Intangible</u>	<u>Business Entity to Which the Property Relates</u>	
Stocks & Bonds	Personal	Wells Fargo
Notes Receivable	Personal	Oxylife Respiratory Services, LLC

PART E - LIABILITIES

N/A

The Honorable Wesley Wilcox
March 3, 2014
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EXECUTIVE APPOINTMENTS
REFERRED TO
THE FLORIDA COMMISSION ON ETHICS
FINANCIAL DISCLOSURES
REGIONAL/LOCAL JURISDICTION

105542589

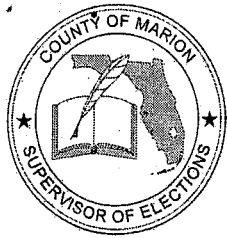
Set	Appointee	Board	Form Filed	Date Filed
18	Ronald Ewers	Board of Trustees of College of Central Florida	F 1	11/12/2013

Please return this form with a current copy of the financial disclosure form attached.

TRANSMISSION VERIFICATION REPORT

TIME : 03/06/2014 08:12
NAME : SOE MARION COUNTY
FAX : 3526203286
TEL : 3526203290
SER.# : 000E6J625700

DATE, TIME	03/06 08:10
FAX NO./NAME	918504875208
DURATION	00:01:29
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM



Wesley Wilcox

Supervisor of Elections, Marion County, FL

Election Center

981 NE 16th ST • Ocala, FL 34470

M PO Box 289 • Ocala, FL 34478-0289

P 352-620-3290

F 352-620-3286

W www.VoteMarion.com

Facsimile Cover Sheet

Date & Time: 3/6/14

of Pages: 5 pages

To: Committee on Ethics & Elections

Fax #: 850-487-5208

Phone #: 850-487-5828

From: Marion Co. SDE

Notes: