#### FORM 1 STATEMENT OF 2013 Please print or type your name, mailing FINANCIAL INTERESTS address, agency name, and position below: FOR OFFICE USE ONLY: LAST NAME -- FIRST NAME -- MIDDLE NAME : Stalzer Bernhard William 105708943 MAILING ADDRESS: Post Office Box 1352 CITY: ZIP: COUNTY: Ocala 34478 Marion NAME OF AGENCY: County of Marion NAME OF OFFICE OR POSITION HELD OR SOUGHT: Land Development Regulation Commission, 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 \*\*\*\* 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): $\square$ **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: 50 **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 SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY Bernhard W. Stalzer 1 NE First Ave., Suite 200, Ocala 34470 Financial Advising Cazbari Enterprises, Inc. Post Office Box 5268, Deltona 32728 **Building Construction** Social Security Administration Baltimore, Maryland 21235 Pension Administration 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 NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** Bernhard W. Stalzer Bullard & Mulkey, PA 310 SE 8th St., Ocala 34471 Lawyers PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] FILING INSTRUCTIONS for (If you have nothing to report, write "none" or "n/a") when and where to file this

House (1534 SE 25th Terrace/Ocala) Marion County, FL - ID#2942-002-018

Apartments (Belleview) Marion County, FL - ID#s 37461-004-02 & 37461-004-03

Farm (Oak) Marion County, FL - ID# 15133-002-00

Acreage (Reddick) Marion County, FL - 06206-000-00

form are located at the bottom

INSTRUCTIONS on who must

file this form and how to fill it

out begin on page 3.

of page 2.

105708943

DADT D INTANCIDI E DEDCONAL DOODEDTY (O.		the second secon			
PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates of deposit, etc See instru e" or "n/a")	ctions]			
TYPE OF INTANGIBLE	, 				
Limited Liability Company Membership	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES  S & S Property Holdings, LLC				
Promissory Note	Cazbari Enterprises, Inc.				
	Odaban Line	erprises, inc.			
PART HARMITES Main ship of					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
None					
		,			
PART F — INTERESTS IN SPECIFIED BUSINESSES [C	Ownership or positions in certain types of busine	sses - See instructions]			
(If you have nothing to report, write "none"	or "n/a") BUSINESS ENTITY # 1	BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	Alarion Bank Holding Co.	233235 21.1111 #2			
ADDRESS OF BUSINESS ENTITY	1 NE First Ave., Ocala 34470				
PRINCIPAL BUSINESS ACTIVITY	Bank Holding Company				
POSITION HELD WITH ENTITY	None				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No				
NATURE OF MY OWNERSHIP INTEREST	Common Stock				
IF ANY OF PARTS A THROUGH F AR	E CONTINUED ON A SEPARATE SHEE	T, PLEASE CHECK HERE			
SIGNATURE (required)	DATE SIGNED (required):				
1 / \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	71 2 1 2 10 11				
l 'ZUWM.	7/31/201	Ψ .			
If a certified public accountant licensed under Chapte	er 473, or attorney in good standing with the I	Elarida Dar aranasad this form for use h			
she must complete the following statement:	or the control in good standing with the i	nonda bar prepared this form for you, ne or			
l,, 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.					
the motivations to the form. Sporting reasonable fall	medge and benef, the disclosure herent is the	Je 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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

## FORM 1

# STATEMENT OF

2013

Please print or type your name, mailing		THE A TART		danner.		
address, agency name, and position bel	ow: I	INANCIAL	INTEREST	S	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NAME : Stalzer Bernhard William						
MAILING ADDRESS :						
Post Office Box 1352						
					3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
					ZIN JUL 3	
CITY:	ZIP :	. COUNTY:			RVISOR OF TOTAL SOLUTION OF THE SOLUTION OF TH	
Ocala	34478	Marion .			egg 👱 🖮	
NAME OF AGENCY : City of Ocala						
	100000	IOI IT				
NAME OF OFFICE OR POSITION HELD OR SOUGHT : General Employees Pension Board, Trustee					ECTIONS FLORIDA	
You are not limited to the space on the li			. if necessary		<u> </u>	
CHECK ONLY IF CANDIDATE		NEW EMPLOYEE OR A	·		or of	
**** DAT	LIDADY	C OF THE SEAT				
DISCLOSURE PERIOD:			ION MUST BE CON			
THIS STATEMENT REFLECTS YOU	R FINANCIA	AL INTERESTS FOR THE	PRECEDING TAX YEAR, \	VHETHER	R BASED ON A CALENDAR	
YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):	ASE STATE	: BELOW WHETHER TH	IS STATEMENT IS FOR TH	E PRECE	DING TAX YEAR ENDING	
DECEMBER 31, 20	)13 <u>or</u>	SPECIFY	TAX YEAR IF OTHER THAI	N THE CA	I ENDAD VEAD	
MANNER OF CALCULATING REPO	OTA DI E IL			V 1112 OF	ELIADVII I EVIV	
FILERS HAVE THE OPTION OF US	ING REPO	RTING THRESHOLDS T	HAT ARE ABSOLUTE DOLL	AR VALL	IES, WHICH REQUIRES FEWER	
CALCULATIONS, OR USING COMP further details). CHECK THE ONE Y	741V411VE 1	HIVEOLOFDO, MULICH M	RE USUALLY BASED ON P	ERCENTA	AGE VALUES (see instructions for	
☑ COMPARATIVE (P	ERCENTA	GE) THRESHOLDS	OR DOLLAR	VALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF I	NCOME [Ma	alor sources of income to the		According to the second		
(If you have nothing to re	port, write "	none" or "n/a")	to reporting portion Coo mon	actions		
NAME OF SOURCE OF INCOME	-	SOURCE'S		DESCRIPTION OF THE SOURCE'S		
Bernhard W. Stalzer			RESS te 200, Ocala 34470	l PR	PRINCIPAL BUSINESS ACTIVITY	
Cazbari Enterprises, Inc.		Post Office Box 5268, Deltona 32728		Financial Advising		
Social Security Administration	,			Building Construction		
ooda oodany rannadada	'	Baltimore, Maryland 21235		Pension Administration		
PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re	and other sou	urces of income to business	ses owned by the reporting pe	rson - See	instructions]	
NAME OF		F MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME		OF SOURCE		ACTIVITY OF SOURCE	
Bernhard W. Stalzer	Bullard & Mulkey, PA		310 SE 8th St., Ocala 34471		Lawyers .	
PART C REAL PROPERTY [Land, (If you have nothing to rep	buildings owi	ned by the reporting persor	- See instructions]	FILIN	G INSTRUCTIONS for	
House (1534 SE 25th Terrace/Ocala) Marion County, FL - ID#2942-002-018			when	and where to file this		
Apartments (Belleview) Marion County, FL - ID#s 37461-004-02 & 37461-004-03  form are located at the bottom of page 2.						
Farm (Oak) Marion County, FL - ID# 15133-002-00 INSTRUCTIONS on who must					UCTIONS on who must	
Acreage (Reddick) Marion County, FL - 06206-000-00 file this form and how to fill i					is form and how to fill it egin on page 3.	
		7,		1		

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "non	tocks, bonds, certificates of deposit, etc See inst	ructions]		
TYPE OF INTANGIBLE	1			
Limited Liability Company Membership	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
	S & S Property Holdings, LLC			
Promissory Note	Cazbari Enterprises, Inc.			
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none	] s] ie" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
None	THE STREET OF GREET ON			
PART F — INTERESTS IN SPECIFIED BUSINESSES [(	Ownership or positions in certain types of husin	occon Con instruction 1		
(If you have nothing to report, write "none"	or "n/a")  BUSINESS ENTITY # 1	_		
NAME OF BUSINESS ENTITY	Alarion Bank Holding Co.	BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY	1 NE First Ave., Ocala 34470			
PRINCIPAL BUSINESS ACTIVITY	Bank Holding Company			
POSITION HELD WITH ENTITY	None .			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	. No			
NATURE OF MY OWNERSHIP INTEREST	Common Stock			
IF ANY OF PARTS A THROUGH F AR	RE CONTINUED ON A SEPARATE SHE	FT DI FASE CUECK HEDE		
SIGNATURE (require@):	DATE SIGNED (required):			
JAM h	7/31	12014		
If a certified public accountant licensed under Chapte she must complete the following statement:	er 473, or attorney in good standing with the	Florida Bar prepared this form for you, he or		
I,the instructions to the form. Upon my reasonable kno				
Signature		Date		
	EN INC INCEDITORIO	o a c		
WHAT TO FILE:	FILING INSTRUCTIONS: HERE TO FILE:	•		
After a seed of the control of the c	TERE TO FILE:	WHEN 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.

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.

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.