FORM 1	STATEM	STATEMENT OF		2014		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MID	DLE NAME :			115291775		
Roussel, Angel						
MAILING ADDRESS : 21030 Cortez Blvd						
				35 2		
CITY:	ZIP: COUNTY:			Property Control of the Control of t		
Brooksville NAME OF AGENCY :	34601 5668 Ma	rion County		Company Company		
Withlacoochee Reg. Water Su	pply Authority					
NAME OF OFFICE OR POSITION H	ELD OR SOUGHT :					
Alternate Member						
You are not limited to the space on the CHECK ONLY IF	lines on this form. Attach additional she OR NEW EMPLOYEE OF					
**** POT	H PARTS OF THIS SECT	TON MUST BE CO	MDI FT	ED ****		
DISCLOSURE PERIOD:						
THIS STATEMENT REFLECTS YO	OUR FINANCIAL INTERESTS FOR T LEASE STATE BELOW WHETHER	THE PRECEDING TAX YEAR THIS STATEMENT IS FOR	R, WHETH THE PRE	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING		
DECEMBER 31,	2014 <u>OR</u> 🛚 SPECI	FY TAX YEAR IF OTHER TH	AN THE C	ALENDAR YEAR:		
MANNER OF CALCULATING R FILERS HAVE THE OPTION OF U CALCULATIONS, OR USING CON for further details). CHECK THE O	SING REPORTING THRESHOLDS IPARATIVE THRESHOLDS, WHICH	THAT ARE ABSOLUTE DOLI I ARE USUALLY BASED ON	AR VALU	ES, WHICH REQUIRES FEWER ITAGE VALUES (see instructions		
·	(PERCENTAGE) THRESHOLDS	OR 🔼 DOLL	AR VALU	E THRESHOLDS		
		the second Second	- Lotional			
PART A PRIMARY SOURCES OF (If you have nothing to r	INCOME [Major sources of income to eport, write "none" or "n/a")	the reporting person - See inst	ructions			
NAME OF SOURCE		URCE'S		SCRIPTION OF THE SOURCE'S		
OF INCOME ADDRESS		PRINCIPAL BUSINESS ACTIVITY				
HERNANDO COUNTY BOC	i 21030 CONTEZ &	LUD., BROWSVALE, FL	WILL, FL ENGINEER - EMPLOYEE			
FMCANE	18167 US HWY 19 N#	650, CLEARWINER, FL	SPOUSE-	PHYGULAN-EMPLOYEE		
MRE PPTY MADWEMENT	1576 BEWA CRUZ	DR \$340 THE VILLAGES	NENTAL	PPTY MANNUEN		
14100						
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	<u> </u>	ACTIVITY OF SOURCE		
N/A						
DADT C. DEAL DECRETTY !	huildings owned by the reporting ners	n - See instructions!		<u> </u>		
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			and w	G INSTRUCTIONS for when where to file this form are and at the bottom of page 2.		
MOBILE HOME EN OCALA THOROUGHBIZED, OCALA; HOUSE IN FORE NAWLY			INST	RUCTIONS on who must file		
BELLEVEEN; HOUSE IN BRADFORD FARMS, OCALA			begin	on page 3.		
CE FORM 1 - Effective: January 1, 2015		on reverse side)	<u> </u>	PAGE 1		
Adopted by reference in Rule 34-8.202(1), F.A.C.	, "					

*		<u></u>			
PART D — INTANGIBLE PERSONAL PROPERTY [Sto	ocks, bonds, certificates e" or "n/a")	of deposit, etc See	instructions]	\	
TYPE OF INTANGIBLE		BUSINESS ENTITY TO	O WHICH THE PROP	ERTY RELATES	
hetengytenr - stocks & Bonds	ICMANC; NA	LOUWINE; F	NS; SCHWI	4B	
BANK AGOUNT	TO BANK	,			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	s] e" or "n/a")				
NAME OF CREDITOR	İ	ADDRESS OF CREDITOR			
Weus fanco	9488 SW	BOTH AVE,	OCALA, FL	34481	
PENTAVON FEDERAL CREDIT UNION	BOX 1432.	ALEXANDREA	, VA 223	313	
CALEBER HOME LOANS	1715 N W	estshone B	3LVD #790	TAMPA, FL 33607	
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	Ownership or positions or "n/a")	s in certain types of b			
(ii you have nouning to topolity white many	BUSINESS	SENTITY # 1	BUS	SINESS ENTITY # 2	
NAME OF BUSINESS ENTITY	NA				
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 SI	HEET, PLEASE C	HECK HERE	
SIGNATURE OF FILE	R:	CPA or AT	TORNEY SIG	NATURE ONLY	
Signature: Date Signed:		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.			
6/9/15	CPA/Attorney Signature: Date Signed:				

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:

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. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

FILING INSTRUCTIONS:

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, 2014.

FORM 1	STATEM	ENT OF	2014				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS					
LAST NAME FIRST NAME MIDDLE	NAME:		115291775				
Roussel, Angel							
MAILING ADDRESS : 21030 Cortez Blvd							
			S 2015				
CITY:	ZIP: COUNTY:						
Brooksville NAME OF AGENCY :	34601 5668 Ma	rion County					
Withlacoochee Reg. Water Supp NAME OF OFFICE OR POSITION HELI	ly Authority OOR SOUGHT:		Sa J				
Alternate Member							
You are not limited to the space on the lin	es on this form. Attach additional she	ets, if necessary.					
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR		32 N				
**** BOTH	PARTS OF THIS SECT	ION MUST BE CO	MPLETED ****				
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUF YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):	R FINANCIAL INTERESTS FOR T ASE STATE BELOW WHETHER	THE PRECEDING TAX YEAF THIS STATEMENT IS FOR	R, WHETHER BASED ON A CALENDAR THE PRECEDING TAX YEAR ENDING				
DECEMBER 31, 20	14 <u>OR</u> 🖸 SPECI	TAX YEAR IF OTHER TH	AN THE CALENDAR YEAR:				
MANNER OF CALCULATING REP FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	IG REPORTING THRESHOLDS T ARATIVE THRESHOLDS, WHICH	THAT ARE ABSOLUTE DOLL ARE USUALLY BASED ON	LAR VALUES, WHICH REQUIRES FEWE I PERCENTAGE VALUES (see instruction				
	ERCENTAGE) THRESHOLDS	OR DOLL	AR VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF IN	COME [Major sources of income to	the reporting person - See inst	tructions]				
(If you have nothing to repo	ort, write "none" or "n/a")	, ,					
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
HELLIANDO COUNTY BOCK	21030 CONTEZ &	21030 CONTEZ BLUD. BACKRIME, FL ENGINEER - EMPLOY					
EMCANE		650, CLEANWORLE, FL					
MRE POTY MADINEMENT		DN \$340 THE VILLAGES					
Julia bad Immorphish	1016 99000 0000	V19 (710), 112 4220m3 CZ					
Maior customers, clients, a	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 ACTIVITY OF SOURCE				
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF COURSE				
N/A							
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for whe and where to file this form are				
MOSTLE LIAME IN OLALA THOMOUGHERIZED OLALA: HOUSE, IN FORE WANCH			located at the bottom of page 2				
OCALA: LOT EN CALA HOUS, OCALA; LOT EN WOOD TOLOGY ESTARS			this form and how to fill it out begin on page 3.				
BELLEVIEW, HOUSE OF BRADFORD FATRING, OCALA							
CE FORM 1 - Effective: January 1, 2015 Adopted by reference in Rule 34-8.202(1), F.A.C.		on reverse side)	PAG				

PART D — INTANGIBLE PERSONAL PROPERTY [S	Stocks, bonds, certificat	es of deposit, etc S	See instructions	
(If you have nothing to report, write "no	ne" or "n/a")	.sc of dopoon, o.o. C	co mandononaj	1
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
LETENGMENT - STOCKS & BONDS	ICMANC , NATIONWIDE ; FNS ; SCHWAB			
DAINK AGOUNT	ICMANC; NATIONWIDE; FNS; SCHWAB TO BANK			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "no	ns]			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Weus Pango	9488 SW BOTH AVE, OCALA, FL 34481			
PENTAGON FEDERAL CAEDLY UNLOW				
CALLBER HOME LOANS				TAMPA, FL 33607
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none	Ownership or position			the control of the second control of the control of
(ii) you have nothing to report, write mone	BUSINES	S ENTITY # 1	BU	SINESS ENTITY#2 .
NAME OF BUSINESS ENTITY	N/A	}		
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 ARI	CONTINUED ON	NA SEPARATE S	SHEET, PLEASE (CHECK HERE
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Signature:		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		
Date Signed:		knowledge and b	pelief, the disclosure	herein is true and correct.
6/9/15		CPA/Attorney Signature: Date Signed:		
WILATTO FU	FILING INSTR	UCTIONS:		

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