

105717758

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2015

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME : Crawford, George

MAILING ADDRESS : Po Box 376

CITY : Mc Intosh ZIP : 32664 0376 COUNTY : Marion County

NAME OF AGENCY : McIntosh

NAME OF OFFICE OR POSITION HELD OR SOUGHT : ~~Board Member~~ LPA

RECEIVED 2016 MAY 27 AM 11:10 SUPERVISOR OF ELECTIONS MARION COUNTY, 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

**** 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, 2015 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 (must check one):

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [x] 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. Row 1: FLORIDA FARM BUREAU, 5700 S.W. 34TH STREET, GAINESVILLE, FL 32608, MEMBER ASSOCIATION

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. All cells are empty.

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

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

TAX PARCEL R02616-001-00, MARION COUNTY

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

ALABAMA/RENASANT BANK:

THREE CHECKING ACCOUNTS

WELLS FARGO BANK: CHECKING ACCOUNT

WELLS FARGO FINANCIAL SERVICES:

401(K) ACCOUNT

AMERICAN CENTURY FUNDS: IRA

OPPENHEIMER FUNDS: MONEY MARKET IRA

NATIONWIDE INSURANCE: ANNUITY

ALLIANZ 1 : ANNUITY #1

ALLIANZ 2 : ANNUITY #2

ALLIANZ 3 : ANNUITY #3

ALLIANZ 4 : ANNUITY #4

M & S BANK: SAVINGS ACCOUNT

ALABAMA/RENASANT BANK: SAVINGS ACCOUNT

BLACK ROCK, INC.: STOCK FUND

DISNEY CORP.: STOCK FUND

VALIC: STATE OF FLORIDA MUTUAL FUND

SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

2016 MAY 27 AM 11:10

RECEIVED