

MARION COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

MARION COUNTY BCC

APPLICATION DATE: April 23, 2026

APR 27 2026

BOARD NAME: Marion County Hospital District Board

PERSONAL INFORMATION

Name: Rusty Branson
Occupation: Baker
If Retired, previous occupation: _____
Address: 1607 SE 13th St.
City: Ocala State: FL ZIP: 34471
Phone#: 352-427-1604
E-mail Address: Rbransonocala@gmail.com

MAILING ADDRESS (if different from residence):

Address: _____
City: _____ State: _____ ZIP: _____

Is your address or any other personal information exempt under Florida Statute 119.07? Yes ___ No
If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request).

What is your preferred form of communication? Phone Mail ___ Email ___

The following data is collected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application.

Gender: Male Female ___ Prefer not to disclose ___

Physically Disabled: Yes ___ No Prefer not to disclose ___

Race: African-American ___ Native-American ___ Caucasian Other ___
Hispanic/Latino ___ Asian -American ___ Prefer not to disclose ___

Are you a registered voter? Yes No ___

Do you own homestead property in Marion County? Yes No ___

Are you employed by Marion County or have relatives that are Marion County employees? Yes ___ No
If yes, please provide position, department and/or relationship to County employee and their position/department

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes ___ No

Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes ___ No

If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest. (Available upon request).

Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes ___ No

A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.

WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?

(Include current or previous work experience; community involvement; interests/activities)

I am a firm believer that both the quality of our educational system together with the quality and accessibility to our healthcare are the core foundations to having a thriving and prosperous community. And with the resources made available to MCHSP, while implementing a mission minded strategy that exercises discipline care and accountability, I see the organization having opportunity to make a lasting impact on the citizens of Marion County for SERVING ON OTHER BOARDS opportunities to come.

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes No ___

If yes, which board? College of Central Florida

(Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)

Have you ever served on a City or County advisory board? Yes No ___

If yes, when, where and which board(s)? Marion County Hospital Dist

REFERENCES - Please list three (3) personal and/or business references
(PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)

Name: Larry Credit
Phone Number: [REDACTED] Email: _____

Name: Ann Melinda Craggs
Phone Number: [REDACTED] Email: [REDACTED]

Name: Fred Roberts Sr.
Phone Number: [REDACTED] Email: [REDACTED]

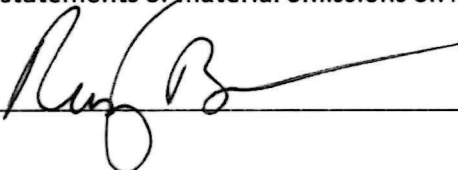
INITIAL: MB I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County.

INITIAL: MB I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

INITIAL: MB I agree to complete training within six (6) months from the date of my appointment.

INITIAL: MB I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.07. I confirm the accuracy of all details provided and their suitability for public release.

By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.

SIGN: 

DATE: 4/23/2026

PRINT: Ruby Brown

RECEIVED BY BCC: **MARION COUNTY BCC**
APR 27 2026

This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

RETURN FORM TO:
MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471
Or via email to: Commissionadmin@marionfl.org

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.