

City of Fellsmere

General Election

November 7, 2023

Candidates Handbook



# CITY OF FELLSMERE CANDIDATE HANDBOOK NOVEMBER 7,2023 GENERAL ELECTION

Dear Prospective Candidate:

The City of Fellsmere welcomes you in the upcoming election process. I am available to assist you with as much general information as I can with your campaign. This handbook is being provided to those interested in being elected as a member of the Fellsmere City Council. Further this handbook is a supplement to the Florida Election Laws, and we urge you to take the time to read all the materials provided. Most importantly not only should the candidate familiarize themselves with the laws and regulations, but the Campaign Treasurer must be knowledgeable of the laws as well. Knowing the rules can save you both time and money. Please be reminded that all material is subject to change by the Florida Legislature.

Congratulations on your decision to run for office and we wish you a successful campaign! Please feel free to call 772-646-6301 should you require any assistance.

Sincerely,

Maria F. Suarez-Sanchez City Clerk



### GENERAL ELECTION INFORMATION

- Election Day is the first Tuesday following the first Monday in November. This year it is on November 7, 2023.
- Fellsmere City Council consists of five (5) members. Two (2) two (2) year City Council Seats are filled in odd-numbered years and three (3) two (2) year Council seats are filled in even-numbered years.
- City Council Candidates run at-large.
- City Council Candidates must be qualified Electors in the City and continually reside in the City for a period of six (6) months immediately preceding the final date for qualification as a candidate.
- City Council terms begin upon certification of the election during a meeting subsequent to the election.
- The Mayor, Vice Mayor and Mayor Pro-Tem are selected by the City Council each year from among its members at the regular meeting subsequent to the election.

The Candidate Handbook is available in the Office of the City Clerk. If you are considering running for a City Council seat you may contact Maria F. Suarez-Sanchez, City Clerk at <a href="mailto:cityclerk@cityoffellsmere.org">cityclerk@cityoffellsmere.org</a> or by calling 772-646-6301.

Information about voter registration, precincts and polling places or early voting please contact Indian River County Supervisor of Elections, Leslie Swan at <a href="https://www.voteindianriver.com">www.voteindianriver.com</a> or by calling 772-266-3440.

### **Qualifying for Office:**

### A. Who is My Qualifying Officer?

Your qualifying officer is City Clerk, Maria Suarez-Sanchez.

The qualifying location is the City Clerk's office: 22 S. Orange St., Fellsmere, Florida.

Email: <a href="mailto:cityclerk@cityoffellsmere.org">cityclerk@cityoffellsmere.org</a> Phone: 772-646-6301

# B. When and Where Do I Pick Up the Candidate Handbook and File My Qualifying Papers?

When: Official Qualifying - Starting at 8:30 A.M. on, August 3,2023 and ending at 4:30 PM on August 18, 2023.

**Where:** City Clerk's Office, City Hall, 22 S. Orange St., Fellsmere, FL Office is open weekdays 8:30 AM to 5:00 PM

- **C. File Your Initial Paperwork -** In order to become a qualifying candidate, you must first file the following 2 forms with the <u>Qualifying Officer</u>:
  - 1. Eligibility to Hold Office Oath Form (Sec. 3.02 Charter) City Charter requires that you be a registered voter in the City and that you actually continually resided in the City for a period of six (6) months immediately preceding the final date for qualification as a candidate.
  - 2. FORM\_DS-DE 9 Appointment of Campaign Treasurer and Designation of Campaign Depository
    - This form MUST be filed prior to opening the campaign depository, accepting contributions, and making expenditures.
    - Filing your intent for candidacy is not complete until filing forms are accepted and date/time stamped by the City of Fellsmere Qualifying Officer.
    - Take this form to your bank and open a Campaign Account
    - After opening an account, set up an appointment with the Qualifying officer and bring your Campaign checks, ID and Voter Registration Card.

### D. File qualifying paperwork with the Qualifying Officer-

### 1. FORM DS-DE 84 Statement of Candidate Form-

File this form no later than 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository. It is also allowable to file this form along with the <u>DS-DE 9</u>.

### 2. FORM <u>DS-DE 302NP</u> "Candidate Oath Nonpartisan Office" -

This requires specific pronunciation of your name using established phonetic guidelines on the back of form and voter registration numbers. This assists the Supervisor of Elections office with reading your name into audio assisted ballots for the handicapped.

### 3. FORM 1 "Statement of Finance Interests"-

Council members must file a financial disclosure Form 1.

As of January 1,2024, all candidates will be required to file Form 6, a full and public disclosure of financial interest, submitted via an electronic filing system created and maintained by the Florida Commission on Ethics. For more information, please visit <a href="https://www.ethics.state.fl.us">https://www.ethics.state.fl.us</a>.

### 4. Pay Qualifying Fee-

Make <u>Campaign Account Check</u> made payable to the City of Fellsmere in the amount of <u>\$73.00</u> – Which includes the following:

- **a.** City Election Filing Fee of \$25 (Code Sec 26-2)
- **b.** State Election Assessment Fee of \$48 (FS 99.093)

## E. The following forms are held by the Candidate until the appropriate Reporting Periods. (all forms are available online)

The candidate will be required to file regular campaign treasurer reports with the qualifying officer. These reports provide information on campaign contributions and expenditures. Deadlines are included in the handbook.

- 1. **FORM DS-DE 12** "Campaign Treasurer's Report Summary" -see reporting schedule.
- 2. **FORM DS-DE 13** "Campaign Treasurer's Report-Itemized Contributions"-see reporting schedule.
- 3. **FORM DS-DE 14** "Campaign Treasurer's Report-Itemized Expenditures" -see reporting schedule.
- 4. **FORM DS-DE 87** "Waiver of Report" Submit if nothing to report.
- 5. **FORM DS-DE 2** "Contributions Returned Submit after closing Campaign Account before 02/05/24.

### 2023 ELECTION CALENDAR

### Due Date

August 3,2023 First Day to Officially Qualify for Office

August 18,2023 Last Day to Officially Qualify for Office

October 10,2023 Third Quarter Report covering 7/1/23 through 9/30/23.

October 13,2023 G1 Report covering 10/1/23 through 10/06/23.

October 27,2023 **G2** Report covering 10/7/23 through 10/20/23.

November 3,2023 **G3** Report covering 10/21/23 through 11/02/23.

(Contributions to be taken only up to midnight on 11/02/23-FS

106.08) (4th day prior to election)

November 7,2023 **ELECTION DAY** 

November 16,2023 Swearing in of Newly Elected Officials if results have

been certified by Canvassing Board - Selection of

Mayor, Vice Mayor, and Mayor Pro-Tem

February 5,2024 TR Report Covering 11/04/23 through Close of

Account - Surplus Funds Must Have Been

Disposed/Final Report (FS 106.141)

### **ELECTION RESOURCES**

### Information in this handbook is supplemental to State of Florida Election Laws

The following publications are available online, if you are unable to access the internet, these publications can be provided to you upon request:

- Florida Commission on Ethics "Guide to the SUNSHINE AMENDMENT and CODE of ETHICS for Public Officers and Employees." Brochure

http://www.ethics.state.fl.us/Documents/Publications/GuideBookletInternet.pdf

- Candidate & Campaign Treasurer Handbook
- https://files.floridados.gov/media/704777/candidate-campaign-treasurer-handbook-2022-04-27-2022-nl.pdf
- The Florida Election Code Florida Statues Chapters 97-106 (190pgs)
  <a href="https://files.floridados.gov/media/704827/election-code-2022-w-updated-index-20220822.pdf">https://files.floridados.gov/media/704827/election-code-2022-w-updated-index-20220822.pdf</a>

# PLEASE FAMILIARIZE YOURSELVES WITH FLORIDA STATUTES THESE PUBLICATIONS ARE PROVIDED FOR GENERAL ELECTION LAW INFORMATION

### City of Fellsmere

22 S. Orange Street, Fellsmere, Florida 32948-6714 www.cityoffellsmere.org

Qualifying Officer: Maria F. Suarez-Sanchez, City Clerk

(Phone) 772.646.6301 (Fax) 772.571.8615

CityClerk@CityofFellsmere.org

### Florida Department of State

#### **Division of Elections**

R. A. Gray Building, Room 316,

500 S. Bronough Street

Tallahassee, FL 32399

850.245.6200

<u>Division of Elections - Florida Department of State (myflorida.com)</u>

#### <u>Division of Elections - Horida Department of State (Highorida.)</u>

Florida Commission on Ethics

Post Office Drawer 15709

3600 Maclay Blvd. South, Suite 201

Tallahassee, FL 32317

850.488.3077

https://ethics.state.fl.us/

#### Florida Elections Commission

107 West Gaines Street Collins Building, Suite 224 Tallahassee, FL 32399

850.922.4539

http://www.fec.state.fl.us

### Indian River County

Supervisor of Elections

4375 – 43rd Ave. Unit 101 Vero Beach, FL 32967

772.226.3440

www.voteindianriver.com



### QUALIFICATIONS OF MEMBERS OF CITY COUNCIL

Charter Section 3.02. Qualifications of member of the City Council.

Notary Public State of Florida

Tho person shall be eligible to hold the office of the city council member	unless he or she is
a qualified elector in the city and actually continually resides in the city fo	r a period of six (6)
months immediately preceding the final date for qualification as a candida	te".
I,, candid	ate for the office of
Council Member, meet the eligibility qualifications to hold office as requi	red in Section 3.02
of the City of Fellsmere Charter, above.	
Signature of Candidate	
STATE OF FLORIDA COUNTY OF INDIAN RIVER	
The foregoing instrument was acknowledged before me by means of	
□ physical presence or □ online notarization, thisofby,	, 2023
□ who is personally known to me or □ who has produced	as
identification.	
Maria F. Suarez-Sanchez	
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# APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

before opening the dampaig	, accou	16.						<u> </u>	<u> </u>	OUL DILL
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2. Name of Candidate (in	this orue	r: First, iviluale,	Last	!	3. Addre		le post om	fice box or str	reet, c	ity, state,
				!		<i>5</i> ,				
4. Telephone	5. Cand	didate's Voter R	legistratic	on #:						
( )				ļ						
	(Not re	equired for Qualifyir	ng Purpose	s)						
(Not required for Qualifying Purp the audio ballot as may be used b							ne line below	/ as you wish it	to be p	ronounced on
6. Office sought (include of	listrict, ci	rcuit, group nur	mber)		7. If a c	andidate	for a <u>non</u> r	<u>partisan</u> offi	ce, ch	neck if
					i e	icable:				
						My	intent is to	o run as a Wi	rite-In	candidate.
8. If a candidate for a part	<u>isan</u> offi	ice, check blo	ck and fil	ll in nar	ne of par	rty as app	licable:	My intent is	to run	as a
☐ Write-In ☐ No P	Party Affili	iation						Party	cand	lidate.
9. I have appointed the fo	llowing	person to act a	as my		Campaig	n Treasure	er	Deputy Tre	asure	r
10. Name of Treasurer or D	eputy Tr	easurer						11. Telepho	one	
								( )		
12. Mailing Address	****		13. City	,		14. State		15. Zip Cod	de	
· 								Ì		
16. I have designated the following bank as my Primary Depository Secondary Depository										
17. Name of Bank	17. Name of Bank 18. Address							AN MINISTER OF THE PROPERTY OF		
19. City		20. County		<u></u>	21. §	State		22. Zip Coo	de	***************************************
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.										
23. Date 24. Signature of Candidate										
X										
25. Treasure	r's Acce	eptance of App	ointmen	t (fill in	the blank	s and che	ck the app	ropriate bloc	ck)	
I,, do hereby accept the appointment										
I,	(Plea	ase Print or Type N	lame)			, `	10 Heleby	accept the a	ippoiri	meni
designated above as:										
			X							
					gnature of C	Campaign Tr	easurer or D	eputy Treasure	r	

DS-DE 9 (Rev. 07/23) Rule 1S-2.0001, F.A.C.

### **Compound Last Names**

If your <u>last</u> name consists of two or more names and has no hyphen, check the box in the Candidate Oath section. If you fail to check the box, your name will be listed with the name appearing last on the line. Example: John Jones Smith – If the last name has no hyphen and you do not check the box, the last name on the ballot would be "Smith." If you check the box, your last name would be listed on the ballot as "Jones Smith." If you have a hyphen within your last name, the last name would be listed as "Jones-Smith."

# Guide for Designating Phonetic Spelling of Candidate's Name for Audio Ballot

- 1. Use tables below.
- 2. Use upper case for "stressed" syllables. Use lower case for "unstressed" syllables.
- 3. Use dashes (-) to separate syllables.
- 4. Add any notes such as rhyming examples, silent letters, etc.

		Vowels					
Stresse	d Vowel Sounds	Unstress	ed Vowel Sounds				
EE	(FEET) feet	uh	(SO-fuh) sofa (FING-guhr) finger				
1	(FIT) f/t						
E	(BED) bed						
A	(KAT) cat (KAD) cad						
AH	(FAH-thur) father (PAHR) par						
AH	(HAHT) hot (TAH-dee) toddy		The state of the s				
UH	(FUHJ) fudge (FLUHD) flood						
UH	(CHUHRCH) church						
AW	(FAWN) fawn	Certain V	owel Sounds with R				
U	(FUL) full	AHR	(PAHR) par				
00	(FOOD) food	ER	(PER) pair				
OU	(FOUND) found	IR	(PIR) peer				
0	(FO) foe	OR	(POR) pour				
El	(FEIT) fight	OOR	(POOR) poor				
Al	(FAIT) fate	UHR	(PUHR) purr				
Ol	(FOIL) foil						
Y00	(FYOOR-ee-uhs) furious		***************************************				
	C	onsonants					
В	(BED) bed	R	(RED) red				
D	(DET) debt	S	(SET) set				
_	(FED) fed	Т	(TEN) ten				
G	(GET) get	V	(VET) vet				
Н	(HED) <i>h</i> ead	Y	(YET) yet				
HW	(WHICH) which	W	(WICH) witch				
J	(JUHG) <i>j</i> ug	СН	(CHUCRCH) church				
<	(KAD) cad	SH	(SHEEP) sheep				
_	(LAIM) /ame	TS	(ITS) its (PITS-feeld) Pittsfield				
М	(MAT) mat	TH	(THEI) thigh				
N	(NET) net	TH	(THEI) thy				
NG	(SING-uhr) singer	ZH	(A-zhuhr) azure (VI-zhuhn) vision				
Р	(PET) pet	Z	(GOODZ) goods(HUH-buhz-tuhn)				
			Hubbardston				
	Everyles of Rh	anatically Cn	alled Names				
NAME O	Examples of Ph	PRONOUI					
	IDALLAI		('d' is silent)				
Jahn	/lishaud						
Beauprez			HAHN (rhyme: fawn) boo-PRAI (rhyme: hooray)				
Maniscalo	William I am a management of the state of th		· · · · · · · · · · · · · · · · · · ·				
vianiscaic Tangipah		man-uh-SI					
i angipan Monte	U <b>a</b>	TAN-ji-pah	I-UO-un				
	Water the state of		Mahn-TAI TAWN-yuh (not TAN)				
Tanya		i Avviv-yur	I (HOL I AIV)				

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

DS-DE 84 (05/11)

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candidate for the office of	;
have been provided access to read and understand	I the requirements of
Chapter 106, Florida Statutes.	
X	
Signature of Candidate	Date
Each candidate must file a statement with the qualifying of Appointment of Campaign Treasurer and Designation of Campailure to file this form is a first degree misdemeanor and a Financing Act which may result in a fine of up to \$1,000, (ss. 1 Statutes).	paign Depository is filed. Willful civil violation of the Campaign

### **CANDIDATE OATH** NONPARTISAN OFFICE (Do not use this form if a Judicial or School Board Candidate) Check box only if you are seeking to qualify as a write-in candidate: Write-in candidate OFFICE USE ONLY **Candidate Oath** Name for Ballot. Middle Name/Initial/and/or/Nickname Last Name Suffix (See reverse side for Nickname Affidavit.) I swear or affirm that I am a candidate for the nonpartisan office of \_\_\_\_\_\_(Office) (District #) \_\_; I am a qualified elector of \_\_\_\_\_\_ County, Florida; (Circuit #) (Group or Seat #) I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida. Statement of Outstanding Fines, Fees, or Penalties I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.). YES, I Do\_\_\_\_ NO, I Do Not If you do, you must also specify the amount owed and each entity that levied the same on the reverse side. Signature of Candidate Telephone Number Email Address Address of Legal Residence City State ZIP Code STATE OF FLORIDA COUNTY OF Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this \_\_\_\_\_, 20 Personally Known OR Produced Identification Type of Identification Produced: DS-DE 302NP (Eff. \_/2023) Rule 1S-2.0001, F.A.C.

### Statement of Outstanding Fines, Fees, or Penalties

**Pursuant to Section 99.021(1)(d), F.S.**, each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity
	Affidavit of Nickname
my legal name iscontents of this affidavit are true and correct.	. I am over the age of eighteen (18) and the
Munichana	
it as part of my legal name. I have not created	. I am generally known by this nickname or have used the nickname to mislead voters. My nickname does not imply I am some other
	e associate me with a cause or issue, or that is obscene or profane.
Signature:	
STATE OF FLORIDA	
COUNTY OF	Signature of Notary Public
Sworn to (or affirmed) and subscribed before me t	Print, Type, or Stamp Commissioned Name of Notary Public below:
<u> </u>	<u> </u>
online notarization OR physical pres	ence LJ
this day of	_, 20
Personally Known OR Produced Idea	ntification
Type of Identification Produced:	
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The state of the s	

Rule 1S-2.0001, F.A.C.

DS-DE 302NP (Eff. \_/2023)

### FORM 1

# STATEMENT OF

2022
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Please print or type your name, mailing address, agency name, and position be		FINANCIAL	INTERES	STS	S FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MI	IDDLE NA	AME:			•			
MAILING ADDRESS :								
CITY:	Z	IP: COUNTY:						
NAME OF AGENCY :								
NAME OF OFFICE OR POSITION	HELD O	R SOUGHT :						
CHECK ONLY IF CANDIDAT	TE OR	NEW EMPLOYEE O	R APPOINTEE					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS		THIS SECTION MU				CEMBER 31, 2022.		
MANNER OF CALCULATING FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR (see instructions for further details)	F USING	REPORTING THRESHOL	.DS THAT ARE ABSO LDS, WHICH ARE U	JSUALLY B		•		
☐ COMPARATIVE	E (PERC	ENTAGE) THRESHOLDS	OR 🗆	DOLLAR V	'ALU	E THRESHOLDS		
	THE CONTRACT OF STREET							
PART A PRIMARY SOURCES OF			the reporting person - S	See instruction	ns]			
		rrite "none" or "n/a") SO	the reporting person - S URCE'S DRESS	See instruction	DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
(If you have nothing to NAME OF SOURCE		rrite "none" or "n/a") SO	URCE'S	See instruction	DE			
(If you have nothing to NAME OF SOURCE		rrite "none" or "n/a") SO	URCE'S	See instruction	DE			
(If you have nothing to NAME OF SOURCE		rrite "none" or "n/a") SO	URCE'S	See instruction	DE			
(If you have nothing to  NAME OF SOURCE OF INCOME  PART B - SECONDARY SOURCE	ES OF INC	SO AD  COME er sources of income to busine	URCE'S DRESS		DE: Pf	RINCIPAL BUSINESS ACTIVITY		
(If you have nothing to  NAME OF SOURCE OF INCOME  PART B - SECONDARY SOURCE [Major customers, clients	ES OF INC s, and oth o report, v	SO AD  COME er sources of income to busine	URCE'S DRESS	orting person -	DE: Pf	RINCIPAL BUSINESS ACTIVITY		
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(If you have nothing to  NAME OF SOURCE OF INCOME  PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to  NAME OF	ES OF INC s, and oth o report, v	SO AD  COME er sources of income to busine vrite "none" or "n/a")  ME OF MAJOR SOURCES	URCE'S DRESS sses owned by the repor	orting person -	DE: Pf	instructions]  PRINCIPAL BUSINESS		
(If you have nothing to  NAME OF SOURCE OF INCOME  PART B - SECONDARY SOURCE [Major customers, clients (If you have nothing to  NAME OF	ES OF INC s, and oth p report, v	SOME er sources of income to busine vrite "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME	URCE'S DRESS  sses owned by the report ADDRES OF SOUR	orting person -	DE PF	instructions]  PRINCIPAL BUSINESS		
(If you have nothing to  NAME OF SOURCE OF INCOME  PART B — SECONDARY SOURCE [Major customers, clients (If you have nothing to  NAME OF BUSINESS ENTITY  PART C — REAL PROPERTY [Lance	ES OF INC s, and oth p report, v	SOME er sources of income to busine vrite "none" or "n/a")  ME OF MAJOR SOURCES OF BUSINESS' INCOME	URCE'S DRESS  sses owned by the report ADDRES OF SOUR	You line she	See  u are es or eets, ING d wh	instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  not limited to the space on the his form. Attach additional		

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non	ocks, bonds, certificates	s of deposit, etc See ins	structions]				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
PART E — LIABILITIES [Major debts - See instruction: (If you have nothing to report, write "non							
NAME OF CREDITOR		ADDRES	S OF CREDITOR				
PART F — INTERESTS IN SPECIFIED BUSINESSES [ (If you have nothing to report, write "none"	' or "n/a")	ns in certain types of bus	inesses - See instructions]  BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY							
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							
PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to c	complete annual ethics t	training pursuant to section	n 112.3142, F.S.				
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE				
SIGNATURE OF FILE	R:	CPA or ATTO	RNEY SIGNATURE ONLY				
Signature:							
Date Signed:			, prepared the CE /ith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the and correct.				
		CPA/Attorney Signature					
		Date Signed:					

### FILING INSTRUCTIONS:

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. To determine what category your position falls under, see page 3 of instructions.

**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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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

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** must file at the same time they file their qualifying papers.

**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

*Finally*, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

### NOTICE

Annual Statements of Financial Interests are due July 1. If the annual form is not filed or postmarked by September 1, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. Failure to file also can result in removal from public office or employment. [s. 112.3145, F.S.]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [s. 112.317, F.S.]

### WHO MUST FILE FORM 1:

- 1) Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.
- 2) Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding members of solely advisory bodies, but including judicial nominating commission members; Directors of Enterprise Florida, Scripps Florida Funding Corporation, and Career Source Florida; and members of the Council on the Social Status of Black Men and Boys; the Executive Director, Governors, and senior managers of Citizens Property Insurance Corporation; Governors and senior managers of Florida Workers' Compensation Joint Underwriting Association; board members of the Northeast Fla. Regional Transportation Commission; board members of Triumph Gulf Coast, Inc; board members of Florida Is For Veterans, Inc.; and members of the Technology Advisory Council within the Agency for State Technology.
- 3) The Commissioner of Education, members of the State Board of Education, the Board of Governors, the local Boards of Trustees and Presidents of state universities, and the Florida Prepaid College Board.
- 4) Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file Form 6.
- 5) Appointed members of the following boards, councils, commissions, authorities, or other bodies of county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; community college or junior college district boards of trustees; boards having the power to enforce local code provisions; boards of adjustment; community redevelopment agencies; planning or zoning boards having the power to recommend, create, or modify land planning or zoning within a political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards, and except for representatives of a military installation acting on behalf of all military installations within that jurisdiction; pension or retirement boards empowered to invest pension or retirement funds or determine entitlement to or amount of pensions or other retirement benefits, and the Pinellas County Construction Licensing Board.
- 6) Any appointed member of a local government board who is required to file a statement of financial interests by the appointing authority or the enabling legislation, ordinance, or resolution creating the board.
- 7) Persons holding any of these positions in local government: mayor; county or city manager; chief administrative employee or finance director of a county, municipality, or other political subdivision; county or municipal attorney; chief county or municipal building inspector; county

- or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator with power to grant or deny a land development permit; chief of police; fire chief; municipal clerk; appointed district school superintendent; community college president; district medical examiner; purchasing agent (regardless of title) having the authority to make any purchase exceeding \$35,000 for the local governmental unit.
- Officers and employees of entities serving as chief administrative officer of a political subdivision.
- Members of governing boards of charter schools operated by a city or other public entity.
- 10) Employees in the office of the Governor or of a Cabinet member who are exempt from the Career Service System, excluding secretarial, clerical, and similar positions.
- 11) The following positions in each state department, commission, board, or council: Secretary, Assistant or Deputy Secretary, Executive Director, Assistant or Deputy Executive Director, and anyone having the power normally conferred upon such persons, regardless of title.
- 12) The following positions in each state department or division: Director, Assistant or Deputy Director, Bureau Chief, and any person having the power normally conferred upon such persons, regardless of title
- 13) Assistant State Attorneys, Assistant Public Defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel, Public Counsel, full-time state employees serving as counsel or assistant counsel to a state agency, administrative law judges, and hearing officers.
- 14) The Superintendent or Director of a state mental health institute established for training and research in the mental health field, or any major state institution or facility established for corrections, training, treatment, or rehabilitation.
- 15) State agency Business Managers, Finance and Accounting Directors, Personnel Officers, Grant Coordinators, and purchasing agents (regardless of title) with power to make a purchase exceeding \$35,000.
- 16) The following positions in legislative branch agencies: each employee (other than those employed in maintenance, clerical, secretarial, or similar positions and legislative assistants exempted by the presiding officer of their house); and each employee of the Commission on Ethics.
- 17) Each member of the governing body of a "large-hub commercial service airport," as defined in Section 112.3144(1)(c), Florida Statutes, except for members required to comply with the financial disclosure requirements of s. 8, Article II of the State Constitution.

### **INSTRUCTIONS FOR COMPLETING FORM 1:**

INTRODUCTORY INFORMATION (Top of Form): If your name, mailing address, public agency, and position are already printed on the form, you do not need to provide this information unless it should be changed. To change any of this information, write the correct information on the form, and contact your agency's financial disclosure coordinator. You can find your coordinator on the Commission on Ethics website: www.ethics.state.fl.us.

**NAME OF AGENCY:** The name of the governmental unit which you serve or served, by which you are or were employed, or for which you are a candidate.

**DISCLOSURE PERIOD:** The "disclosure period" for your report is the calendar year ending December 31, 2022.

**OFFICE OR POSITION HELD OR SOUGHT:** The title of the office or position you hold, are seeking, or held during the disclosure period <u>even if you have since left that position</u>. If you are a candidate for office or are a new employee or appointee, check the appropriate box.

**PUBLIC RECORD:** The disclosure form and everything attached to it is a public record. Your social security number, bank account, debit, charge, and credit card numbers are not required and you should redact them from any documents you file. If you are an active or former officer or employee listed in Section 119.071, F.S., whose home address is exempt from disclosure, the Commission will maintain that confidentiality if you submit a written and notarized request.

### **MANNER OF CALCULATING REPORTABLE INTEREST**

Filers have the option of reporting based on <u>either</u> thresholds that are comparative (usually, based on percentage values) <u>or</u> thresholds that are based on absolute dollar values. The instructions on the following pages specifically describe the different thresholds. Check the box that reflects the choice you have made. <u>You must use the type of threshold you have chosen for each part of the form.</u> In other words, if you choose to report based on absolute dollar value thresholds, you cannot use a percentage threshold on any part of the form.

# IF YOU HAVE CHOSEN DOLLAR VALUE THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

### PART A - PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(b)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose any public salary or public position(s). The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded \$2,500 of gross income received by you in your own name or by any other person for your use or benefit.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony if considered gross income under federal law, but not child support.

#### Examples:

- If you were employed by a company that manufactures computers and received more than \$2,500, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$2,500, list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded \$2,500, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and bonds, list <u>each individual company</u> from which you derived more than \$2,500. Do not aggregate all of your investment income.
- If more than \$2,500 of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.
- If more than \$2,500 of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

#### PART B — SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A "Primary Sources of Income," if it meets the reporting threshold. You will not have anything to report unless, during the disclosure period:

(1) You owned (either directly or indirectly in the form of an equitable

- or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); and,
- (2) You received more than \$5,000 of your gross income during the disclosure period from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

#### Examples:

- You are the sole proprietor of a dry cleaning business, from which you received more than \$5,000. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).
- You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the above thresholds. List each tenant of the mall that provided more than 10% of the partnership's gross income and the tenant's address and principal business activity.

### PART C - REAL PROPERTY

[Required by s. 112.3145(3)(b)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more accurate fair market value.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

### PART D — INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(b)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than \$10,000 and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you (including, but not limited to, loans made as a candidate to your own campaign), Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts in which you have an ownership interest. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account. IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CDs and savings accounts with the same bank. Property owned as tenants by the entirety or as joint tenants with right of survivorship, including bank accounts owned in such a manner, should be valued at 100%. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number found on the lease document).

### PART E — LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed more than \$10,000 at any time during the disclosure period. The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. You are not required to list the amount of any debt. You do not have to disclose credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, then it is not a contingent liability.

#### PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145(7), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure

period an interest in, or held any of certain positions with the types of businesses listed above. You must make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

### PART G — TRAINING CERTIFICATION

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer, appointed school superintendent, or a commissioner of a community redevelopment agency created under Part III, Chapter 163 whose service began before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

# IF YOU HAVE CHOSEN COMPARATIVE (PERCENTAGE) THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

### PART A — PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose any public salary or public position(s), but income from these public sources should be included when calculating your gross income for the disclosure period. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income when calculating your gross income and disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded 5% of the gross income received by you in your own name or by any other person for your benefit or use during the disclosure period

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony if considered gross income under federal law, but not child support.

#### Examples:

- If you were employed by a company that manufactures computers and received more than 5% of your gross income from the company, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded 5% of your gross income, then list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded 5% of your total gross income, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and

bonds, list <u>each individual company</u> from which you derived more than 5% of your gross income. Do not aggregate all of your investment income.

- If more than 5% of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address, and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.
- If more than 5% of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

### PART B — SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A, "Primary Sources of Income," if it meets the reporting threshold. You will **not** have anything to report **unless** during the disclosure period:

- (1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); and,
- (2) You received more than 10% of your gross income from that business entity; **and**,
- (3) You received more than \$1,500 in gross income from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than 10% of your gross income—an amount that was more than \$1,500. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, and the tenant's address and principal business activity.

### PART C — REAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes, if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more accurate fair market value.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

### PART D — INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than 10% of your total assets, and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you (including, but not limited to, loans made as a candidate to your own campaign), Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts in which you have an ownership interest. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CD's and savings accounts with the same bank.

Calculations: To determine whether the intangible property exceeds 10% of your total assets, total the fair market value of all of your assets (including real property, intangible property, and tangible personal property such as jewelry, furniture, etc.). When making this calculation, do not subtract any liabilities (debts) that may relate to the property. Multiply the total figure by 10% to arrive at the disclosure threshold. List only the intangibles that exceed this threshold amount. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number which can be found on the lease document). Property that is only jointly owned property should be valued according to the percentage of your joint ownership. Property owned as tenants by the entirety or as joint tenants with right of survivorship, including bank accounts owned in such a manner, should be valued at 100%. None of your calculations or the value of the property have to be disclosed on the form.

Example: You own 50% of the stock of a small corporation that is worth \$100,000, the estimated fair market value of your home and other property (bank accounts, automobile, furniture, etc.) is \$200,000. As your total assets are worth \$250,000, you must disclose intangibles worth over \$25,000. Since the value of the stock exceeds this threshold, you should list "stock" and the name of the corporation. If your accounts with a particular bank exceed \$25,000, you should list "bank accounts" and bank's name.

### PART E - LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed any amount that, at any time during the disclosure period, exceeded your net worth. You are not required to list the amount of any debt or your net worth. You do not have to disclose: credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur rail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, it is not a contingent liability.

Calculations: To determine whether the debt exceeds your net worth, total all of your liabilities (including promissory notes, mortgages, credit card debts, judgments against you, etc.). The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. Subtract the sum total of your liabilities from the value of all your assets as calculated above for Part D. This is your "net worth." List each creditor to whom your debt exceeded this amount unless it is one of the types of indebtedness listed in the paragraph above (credit card and retail installment accounts, etc.). Joint liabilities with others for which you are "jointly and severally liable," meaning that you may be liable for either your part or the whole of the obligation, should be included in your calculations at 100% of the amount owed.

Example: You owe \$15,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 (with spouse) to a savings and loan for a home mortgage. Your home (owned by you and your spouse) is worth \$80,000 and your other property is worth \$20,000. Since your net worth is \$20,000 (\$100,000 minus \$80,000), you must report only the name and address of the savings and loan.

#### PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145(7), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure period an interest in, or held any of certain positions with, the types of businesses listed above. You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of businesse entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

### **PART G — TRAINING CERTIFICATION**

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer, appointed school superintendent, or a commissioner of a community redevelopment agency created under Part III, Chapter 163 whose service began before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.