

## FORM 1

## STATEMENT OF

2001

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

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Italiano II Nelson Anthony

MAILING ADDRESS :

P.O. Box 355 Boca Grande, Fl 33921

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

Boca Grande Volunteer Fire Dept Pension Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Director

FOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED  
2001 AUG 19 PM 5:46  
SUPERVISOR OF ELECTIONSCHECK IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

## 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 (check one):



DECEMBER 31, 2001

OR ☐

SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS (old method)

OR ☐

DOLLAR VALUE THRESHOLDS (new method)

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Italiano Insurance Services	PO Box 355 Boca Grande, Fl	Insurance Agent
Fishing Guide	PO Box 355 Boca Grande, Fl	Fishing guide

## PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

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

150 Palm Av Boca Grande, Fl 33921  
 128 Blacks Creek Mountain City GA  
 Lots 14-15 Myakka Fl  
 Lot 6 Ramp Dr Buckhead Ridge

FILING INSTRUCTIONS for when  
and where to file this form are locat-  
ed at the bottom of page 2.INSTRUCTIONS on who must file  
this form and how to fill it out begin  
on page 3.OTHER FORMS you may need to  
file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

4 Autos

Personal

personal Property \$100,000

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Bank Of America

PO Box 9000 Getzville, NY 14068

Ford Credit

PO Box 543099 Omaha NE 68154

Wachovia Bank

PO Box 563966 Charlotte NC 28256

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF  
BUSINESS ENTITYItaliano Insurance  
Services, Inc

Spook Charters

IFS

ADDRESS OF  
BUSINESS ENTITY

PO Box 355 Boca Grande

PO Box 355 Boca Grande

PO Box 18425 Tampa FL

PRINCIPAL BUSINESS  
ACTIVITY

Insurance

Fishing Charters

Ins Premium Financing

POSITION HELD  
WITH ENTITY

VP

Owner

VP

I OWN MORE THAN A 5%  
INTEREST IN THE BUSINESS

Yes

Yes

Yes

NATURE OF MY  
OWNERSHIP INTEREST

Owner ship

ownership

ownership

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

**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.

**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.

**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.

**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.