# FORM 1 STATEMENT OF FINANCIAL INTERESTS 1997

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:

CHECK EITHER DECEMBER 31, 1997 ✓ OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

NAME OF YOUR AGENCY: CAPE CORAL GENERAL EMPLOYEE MUNICIPAL PENSION BOARD

LAST NAME - FIRST NAME - MIDDLE NAME: MAZZOTTI SAM V

MAILING ADDRESS: 3016 SE 11 PLACE

CITY: CAPE CORAL ZIP: FL 33904 COUNTY: LEE

CHECK ONE OF THE FOLLOWING CATEGORIES:

☑ LOCAL OFFICER ☐ STATE OFFICER ☐ CANDIDATE

☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD OR SOUGHT: BOARD MEMBER

***NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a 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.***

**PART A — PRIMARY SOURCES OF INCOME** [Sources exceeding 5% of gross income]

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|---|---|---|
| EDWARD JONES | 2104-4 DEL PRADO BLVD CAPE CORAL FL 33990 | INVESTMENT REP. |
| | | |
| | | |
| | | |
| | | |

JUL 27 11 50 AM '98 SUPERVISOR OF ELECTIONS

**PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON** [Major customers, clients, etc.]

| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**PART C — REAL PROPERTY** [Land, buildings]

3016 SE 11 PL CAPE CORAL (PERSONAL HOME)

**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 of this packet.

**OTHER FORMS** you may need to file are described on page 6.

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

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|---|---|
| N/A | |
| | |
| | |

**PART E — LIABILITIES IN EXCESS OF NET WORTH** [Major debts]

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|---|---|
| FIRST UNION MORT. CORP. (HOME MTG) | CHARLOTTE NC |
| | |
| | |
| | |

**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 ENTITY | | | |
| ADDRESS OF BUSINESS ENTITY | NONE | | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |

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

SIGNATURE: [signature] DATE SIGNED: 5/23/98

# FILING INSTRUCTIONS FOR FORM 1

**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: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

**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:** ***Local officers*** **file with the Supervisor of Elections of the county in which you 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 Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250.** ***Candidates*** **file this form together with your qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.**

**WHEN TO FILE:** Initially, each ***local officer, 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. Thereafter, ***local officers, state officers,*** and ***specified state employees*** are required to file by July 1st following each calendar year they hold their positions. ***Candidates*** for publicly-elected state or local office must file at the same time they file their qualifying papers.

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# FORM 10 ANNUAL DISCLOSURE OF GIFTS FROM GOVERNMENTAL ENTITIES AND DIRECT SUPPORT ORGANIZATIONS AND HONORARIUM EVENT RELATED EXPENSES

| LAST NAME — FIRST NAME — MIDDLE NAME: | THIS STATEMENT REFLECTS GIFTS AND HONORARIUM EVENT RELATED EXPENSES RECEIVED DURING 1997. YOU NEED NOT FILE THIS FORM IF YOU HAVE NOTHING TO REPORT ON IT. |
|---|---|
| MAZZOTTI SAM V | |
| MAILING ADDRESS: 3016 SE 11 PL | NAME OF AGENCY: CAPE CORAL GENERAL MUNICIPAL EMPLOYEE PENSION BOARD |
| CITY: CAPE CORAL ZIP: 33904 COUNTY: LEE | OFFICE OR POSITION HELD: BOARD MEMBER |

***NOTICE: Under provisions of Sec. 112.317, Fla. Stat., a failure to make any required disclosure constitutes grounds for and may be punished by one of more of the following: impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a fine up to $10,000.***

**PART A — GIFTS (HAVING A PUBLIC PURPOSE) FROM GOVERNMENTAL ENTITIES**

| NAME OF PERSON PROVIDING GIFT(S) IN 1997 | TOTAL VALUE OF GIFTS FROM THAT PERSON | DESCRIPTION OF INDIVIDUAL GIFTS | DATE EACH GIFT RECEIVED |
|---|---|---|---|
| NONE | | | |
| | | | |
| | | | |

**PART B— GIFTS FROM DIRECT SUPPORT ORGANIZATIONS**

| NAME OF PERSON PROVIDING GIFT(S) IN 1997 | TOTAL VALUE OF GIFTS FROM THAT PERSON | DESCRIPTION OF INDIVIDUAL GIFTS | DATE EACH GIFT RECEIVED |
|---|---|---|---|
| NONE | | | |

**PART C— HONORARIUM EVENT RELATED EXPENSES**

| | EVENT # 1 | EVENT # 2 |
|---|---|---|
| NAME OF PERSON PAYING EXPENSES | NONE | |
| ADDRESS OF PERSON | | |
| AFFILIATION OF PERSON | | |
| AMOUNT OF HONORARIUM EXPENSES | | |
| DATE(S) OF THE EVENT | | |
| DESCRIPTION OF EXPENSES PAID ON EACH DAY | | |
| TOTAL VALUE OF EXPENSES FOR THE EVENT | | |

**INSTRUCTIONS** on who must file this form and how to fill it out are on the reverse side.

**FILING INSTRUCTIONS** for when and where to file this form are located on the reverse side.

**(Continued on reverse side)**

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

REMEMBER TO ATTACH COPIES OF ***ALL*** STATEMENTS PROVIDED TO YOU BY PERSONS AND ENTITIES PROVIDING OR PAYING FOR THE GIFTS AND HONORARIUM EVENT RELATED EXPENSES DISCLOSED ON THIS FORM. YOU MUST DISCLOSE ALL OF THESE KINDS OF GIFTS AND EXPENSES EVEN THOUGH YOU DID NOT RECEIVE A STATEMENT OR REPORT FROM THE PERSON OR ENTITY PROVIDING THEM. YOU MAY EXPLAIN ANY DIFFERENCES BETWEEN THE ATTACHED REPORTS AND STATEMENTS AND THE INFORMATION PROVIDED ON THIS FORM BY ATTACHING AN EXPLANATION TO THE FORM.

**SIGNATURE:** [signature] **DATE SIGNED:** 5/23/98

## *INSTRUCTIONS FOR COMPLETING AND FILING FORM 10:*

**WHEN AND WHERE TO FILE: By July 1, 1998. Persons who file Form 1 or Form 6 should file this form with their Form 1 or Form 6. State procurement employees (see definition below) file this form with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. This form need not be filed unless a reportable gift or expense was received during the time you held public office or employment.**

**WHO MUST FILE FORM 10:** All persons who are required to file Form 1, Statement of Financial Interests, and all persons who file Form 6, Full and Public Disclosure of Financial Interests, ***except judges*** (comprehensive lists are part of each of those forms). In addition, state "procurement employees" are required to file Form 10. You are a "procurement employee" if you:

(1) Are an employee of an office, department, board, commission, or council of the executive or judicial branches of state government;

(2) Participate in the procurement of contractual services or commodities costing more than $1,000 in any year;

(3) Through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influence the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity.

**INTRODUCTORY INFORMATION** (At the Top of the Form):

**NAME OF AGENCY:** This should be the name of the governmental unit which you serve or served, or by which you are or were employed. For example, "City of Tallahassee," "Florida Senate," or "Department of Transportation."

**OFFICE OR POSITION HELD:** Use the title of the office or position you hold or held during 1997 (in some cases you may not hold that position now, but you still would be required to file to disclose your interests during the last year you held that position). For example, "City Council Member," "Member," "Purchasing Agent," or "Bureau Chief."

**ADDRESS OF REPORTING INDIVIDUALS:** The following persons should ***not*** use their home addresses: active or former law enforcement personnel, including correctional and correctional, probation officers; current or former state attorneys, assistant state attorneys, statewide prosecutors, assistant statewide prosecutors; firefighters; personnel of D.H.R.S. whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities; spouses of the above; county and municipal code inspectors and code enforcement officers; and Department of Revenue or local government personnel responsible for revenue collection and enforcment or child-support enforcement.

**PART A — GIFTS FROM GOVERNMENTAL ENTITIES** [Required by Sec. 112.3148, Fla. Stat.]

Entities of the legislative or judicial branches, departments and commissions of the executive branch, counties, municipalities, airport authorities, school boards, water management districts created by 373.069, F.S., and the Tri-County Commuter Rail Authority may give, either directly or indirectly, a gift worth over $100 to persons who file Form 1 or Form 6 or to state procurement employees ***if*** a public purpose can be shown for the gift. Part A should be used to list such gifts. Under the law, these governmental entities are required to provide you with a statement concerning these gifts by March 1; attach this statement to Form 10.

**PART B — GIFTS FROM DIRECT SUPPORT ORGANIZATIONS** [Sec. 112.3148, Fla. Stat.]

Direct support organizations specifically authorized by law to support a governmental entity may give a gift worth over $100 to a person who files Form 1 or Form 6 or to a state procurement employee ***if*** the person or employee is an officer or employee of that governmental entity. Part B should be used to list such gifts. Under the law, these direct support organizations are required to provide you with a statement concerning these gifts by March 1; attach this statement to Form 10.

**PART C — HONORARIUM EVENT RELATED EXPENSES** [Required by Sec. 112.3149, Fla. Stat.]

Reporting individuals who file Form 1 and Form 6 and state procurement employees are prohibited from accepting an honorarium (a payment in exchange for a speech, oral presentation, writing, and the like) from a political committee or committee of continuous existence, from a lobbyist who lobbies them or their public agency (or has done so within the previous 12 months), and from the employer, principal, partner, or firm of such a lobbyist. However, these persons and entities may pay or provide a reporting individual or procurement employee and his or her spouse for actual and reasonable transportation, lodging, event or meeting registration fee, and food and beverage expenses related to an event at which a speech, presentation, or writing will be made by the public officer or employee. Part C should be used to describe these honorarium event related expenses. Under the law, the persons or entities paying for or providing such expenses are required to provide you with a statement concerning them within 60 days of the honorarium event; attach this statement to Form 10.

**FOR MORE INFORMATION**

Questions about this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864). **Please follow the filing instructions above and do not file this form with the Commission on Ethics.**