



Statement of Financial Interests (FORM 1)

- Public duty versus private interests
- Form 1: Financial interests for the preceding tax year (2017)
- The Code of Ethics for Public Officers and Employees is found in Chapter 112 (Part III) of the Florida Statutes



Prohibited Actions or Conduct

1. Solicitation and Acceptance of Gifts
2. Unauthorized Compensation
3. Misuse of Public Position
4. Disclosure or Use of Certain Information
5. Solicitation or Acceptance of Honoraria



Who Must File FORM 1

- **CareerSource Brevard board members**
- **CareerSource Brevard President**
- **CareerSource Florida Board members and President**

Other organizations who also file FORM 1:

- Enterprise Florida
- Scripps Florida Funding Corp
- Council on the Social Status of Black Men and Boys
- Citizens Property Insurance Corp
- Florida Workers' Compensation Association
- NE FI Regional Transportation Comm
- Triumph Gulf Coast
- Florida Is For Veterans
- Agency for State Technology



When to file FORM 1

- Within 30 days of appointment
- By July 1 each year thereafter
- Postmarked by September 1 to avoid daily fine of \$25
- Failure to file may result in a civil penalty not exceeding \$10,000
- Sent to you by mail, or, go to www.ethics.state.fl.us
- Please don't forget!

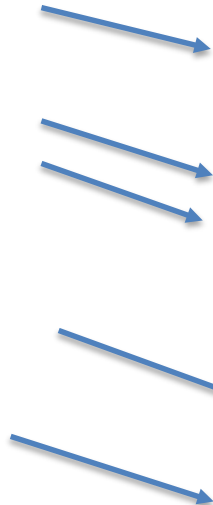


www.ethics.state.fl.us



How to file FORM 1

FORM 1	STATEMENT OF FINANCIAL INTERESTS	2017	
Please print or type your name, mailing address, agency name, and position below:		FOR OFFICE USE ONLY:	
LAST NAME -- FIRST NAME -- MIDDLE NAME :			
MAILING ADDRESS : Your home address goes here			
CITY :	ZIP :	COUNTY :	
NAME OF AGENCY : CareerSource Brevard			
NAME OF OFFICE OR POSITION HELD OR SOUGHT : Board Member			
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.			
CHECK ONLY IF <input type="checkbox"/> CANDIDATE OR <input checked="" type="checkbox"/> 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):			
<input type="checkbox"/> DECEMBER 31, 2017 OR <input type="checkbox"/> 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):			
<input type="checkbox"/> COMPARATIVE (PERCENTAGE) THRESHOLDS OR <input type="checkbox"/> 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")			
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
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")			
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 - See instructions] (If you have nothing to report, write "none" or "n/a")			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.



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Part A: Primary Source of Income

- Do not list the amount
- Do not list income from your spouse



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Part B-Secondary Source of Income

Do not report anything unless you received more than the following from the business:

- owned more than 5% total assets
- received more than 10% of your income
- Received more than \$1,500 gross income



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Part C: Real Property

- Don't list your residence
- List the location of all real property in which you owned in excess of 5%



PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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 required to complete annual ethics training pursuant to section 112.3142, F.S.



I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:

Date Signed:

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true 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. Do not email your form to the Commission on Ethics, it will be returned.

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) and send it to CEFform1@leg.state.fl.us. 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.



PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

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NAME OF CREDITOR	ADDRESS OF CREDITOR

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NATURE OF MY OWNERSHIP INTEREST		

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I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:

Date Signed:

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

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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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.



Were to mail FORM 1

If you reside in Brevard County the address is:

Lori Scott, Supervisor of Elections,
2725 Judge Fran Jamieson Way,
Building C, Suite 105,
Melbourne, FL 32940

- If you reside in another county search _____
county supervisor of elections



Final Form 1

- Form 1F is the final disclosure form required to be filed within 60 days of leaving the Board
- The form covers the disclosure period between January 1 and the last day of office

FORM 1F		FINAL STATEMENT OF		2018
FINANCIAL INTERESTS				
(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)				
LAST NAME — FIRST NAME — MIDDLE NAME:		NAME OF REPORTING PERSON'S AGENCY:		
MAILING ADDRESS:		CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3):		
		<input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER		
		<input type="checkbox"/> SPECIFIED STATE EMPLOYEE		
CITY:	ZIP:	LIST OFFICE OR POSITION HELD: _____		

*****BOTH PARTS OF THIS SECTION MUST BE COMPLETED*****



Questions

- Email: lsevin@careersourcebrevard.com
- Telephone: 321-394-0507

