



City of Palm Coast

Agenda

VFFPB

Fire Station #25
1250 Belle Terre Parkway
Palm Coast, FL 32164
www.palmcoastgov.com

Chair Charles Esposito
Vice Chair Timothy Wilsey
Board Member Daniel Brazzano
Board Member Vincent DeVita
Board Member Robert Shroeder

Friday, May 10, 2019

8:30 AM

Fire Station #25

Staff: Helena Alves, Finance Director
Virginia A. Smith, City Clerk

>Public comment will be allowed consistent with Senate Bill 50, codified at the laws of Florida, 2013 – 227, creating Section 286.0114, Fla. Stat. (with an effective date of October 1, 2013). The public will be given a reasonable opportunity to be heard on a proposition before the City's Volunteer Fire Fighters Pension Board, subject to the exceptions provided in §286.0114(3), Fla. Stat.

>Public comment on issues on the agenda or public participation shall be limited to 3 minutes.

>If any person decides to appeal a decision made by the Volunteer Fire Fighters Pension Board with respect to any matter considered at such meeting or hearing, he/she will need a record of the proceedings, including all testimony and evidence upon which the appeal is to be based. To that end, such person will want to ensure that a verbatim record of the proceedings is made.

>The City of Palm Coast is not responsible for any mechanical failure of recording equipment.

>Other matters of concern may be discussed as determined by the Volunteer Fire Fighters Pension Board.

>If you wish to obtain more information regarding agenda, please contact the City Clerk @ 386-986-3713.

>In accordance with the Americans with Disabilities Act, persons needing assistance to participate in any of these proceedings should contact the City Clerk at 386-986-3713 at least 48 hours prior to the meeting.

>All pagers and cell phones are to remain OFF while City Council is in session.

A CALL TO ORDER

B PLEDGE OF ALLEGIANCE

C ROLL CALL

D BOARD OF TRUSTEES : NAMES & ORGANIZATIONS OF OTHER PARTICIPANTS

E MINUTES

1 MINUTES OF FEBRUARY 14, 2019

F FINANCIAL STATUS OF PLAN ACCOUNTS - Helena Alves/Ginger Norberg

2 FINANCIAL REPORT FOR QUARTER ENDING 03/31/2019

G LEGAL REVIEW - Dave Robinson

3 REVIEW BOARD'S POSITION REGARDING ICE MILLER

H NEW BUSINESS

4 VOLUNTEER ASSOCIATION, APPOINTMENT OF TWO TRUSTEES TO THE BOARD

5 CITY APPOINTMENTS OF TWO TRUSTEES TO THE BOARD

6 BOARD TO APPOINT THE 5TH MEMBER

7 SELECT POSITIONS OF BOARD MEMBERS

I OLD BUSINESS

J PUBLIC COMMENTS

K DISCUSSION BY BOARD OF ITEMS NOT ON THE AGENDA

8 REMINDER FINANCIAL DISCLOSURE FORMS - Kate Settle

L ADJOURNMENT

9 FUTURE MEETINGS

August 16, 2019 and November 15, 2019

City of Palm Coast, Florida Agenda Item

Agenda Date : 05/10/2019

Department CITY CLERK	Amount
Item Key	Account
Subject MINUTES OF FEBRUARY 14, 2019	
Background :	
Recommended Action :	
Approve the minutes of February 14, 2019.	



**City of Palm Coast
Minutes
VFFB**

Fire Station #25
1250 Belle Terre Parkway
Palm Coast, FL 32164
www.palmcoastgov.com

**Chair Charles Esposito
Vice Chair Timothy Wilsey
Board Member Daniel Brazzano
Board Member Vincent DeVita
Board Member Robert Shroeder**

Friday, February 15, 2019

8:30 AM

Fire Station 25

**Staff: Helena Alves, Finance Director
Virginia A. Smith, City Clerk**

>Public comment will be allowed consistent with Senate Bill 50, codified at the laws of Florida, 2013 – 227, creating Section 286.0114, Fla. Stat. (with an effective date of October 1, 2013). The public will be given a reasonable opportunity to be heard on a proposition before the City’s Volunteer Fire Fighters Pension Board, subject to the exceptions provided in §286.0114(3), Fla. Stat.

>Public comment on issues on the agenda or public participation shall be limited to 3 minutes.

>If any person decides to appeal a decision made by the Volunteer Fire Fighters Pension Board with respect to any matter considered at such meeting or hearing, he/she will need a record of the proceedings, including all testimony and evidence upon which the appeal is to be based. To that end, such person will want to ensure that a verbatim record of the proceedings is made.

>The City of Palm Coast is not responsible for any mechanical failure of recording equipment.

>Other matters of concern may be discussed as determined by the Volunteer Fire Fighters Pension Board.

>If you wish to obtain more information regarding agenda, please contact the City Clerk @ 386-986-3713.

>In accordance with the Americans with Disabilities Act, persons needing assistance to participate in any of these proceedings should contact the City Clerk at 386-986-3713 at least 48 hours prior to the meeting.

>All pagers and cell phones are to remain OFF while City Council is in session.

A CALL TO ORDER

Mr. Esposito called the meeting to order at 8:35 a.m.

B PLEDGE OF ALLEGIANCE

Mr. Esposito led the pledge to the Flag.

C ROLL CALL

Ms. Settle called the roll. All members were present.

D BOARD OF TRUSTEES : NAMES & ORGANIZATIONS OF OTHER PARTICIPANTS

E MINUTES

**1 MINUTES
NOVEMBER 9, 2018**

Chairman Esposito asked that the minutes reflect Attorney Robinson's last name and to change the vote of the ordinance to three to one.

Motion by Board Member Brazzano, seconded by Vice Chairman Wilsey to accept the minutes as amended.

F FINANCIAL STATUS OF PLAN ACCOUNTS-Alves and Norberg

2 QUARTERLY REPORT OF THE FINANCIAL STATUS OF THE PLANS ACCOUNTS

Ms. Norberg gave an overview of the quarter. The cash balance, as of December 31, 2018, was \$3,999,406.87.

Ms. Norberg presented the invoices: Sugarman and Susskind and Foster & Foster.

Motion by Vice Chairman Wilsey, seconded by Board Member Brazzano to approve the invoices as presented. The motion carried unanimously.

G ACTUARIAL VALUATION OF 2018 - Doug Lozen, Foster & Foster

Jeremy Langley, Florida League of Cities, reviewed the annual report by quarter. He reported on the fixed income process and the last quarter of the year was tough on the market. Topics discussed included wage growth, history dictates a slow down, mortgage rate, China overshadowing the international market; not necessary to make changes to the investment portfolio in reaction to the last quarter. The Board was comfortable with the overall investment plan.

Motion by Board Member Brazzano, seconded by vice Chairman Wilsey, to approve the report as presented. The motion carried unanimously.

Doug Lozen, Foster and Foster, presented in his report. The City will owe \$0.00 in 2019. In 2020, the investments are such that the plan will fund itself. The City has access to a \$301,000 reserve. The City will always have a zero contribution unless the State withdrew the contribution to the fund. He reported that the State funds have been in place for decades.

The plan is more than 100% funded because of the number of volunteers that have left the plan, the amount required by the state is 91,000. If the number of volunteers increases, the amount will go up in future.

Topics discussed: the loss of volunteers; the internship program; mortality rate; if people live longer it may increase the funding.

Motion by Vice Chairman Wilsey, seconded by Board Member Brazzano to approve the report as presented. The motion carried unanimously.

H LEGAL REVIEW - David Robinson, Sugarman and Susskind

Attorney Robinson presented an amendment to the operating Rules of the Procedures. He removed the paragraph requiring two signatures on the invoices.

Motion by Vice Chairman Wilsey, seconded by Dan Brazzano to accept the amendment to the Rules of Procedures. The motion carried unanimously.

Mr. Robinson would like to send to the Board the Rules of Procedures, gather input and present new Rules of Procedures to be adopted at the next meeting.

Mr. Robinson presented an update to the Ordinance. The ordinance reflects an update to the tax law. Motion by Board Member Schroeder, seconded by Vice Chairman Wilsey, to approve the ordinance. The motion carried unanimously to present to Council for their approval.

Attorney Robinson will report on any upcoming legislation introduced by the State legislature. Attorney Robinson will be hosting a seminar in May or June, most likely, in St. Augustine. The Division of Retirement will be holding a session in Tallahassee.

I NEW BUSINESS

No comments were received.

J OLD BUSINESS

Mr. Esposito opened the discussion regarding the 13th Check. He wanted to clarify what the impact from the IRS. Attorney Robinson contacted Ice Miller, the IRS interference with the Private letter ruling, would be unlikely. Should Ice Miller be contracted, there would be a fee but prior to looking at the plan, he indicated it would not have a bearing. Mr. Esposito asked if the board was interested in following up with Ice Miller.

Motion by Robert Schroeder to discuss Ice Miller. Motion died for lack of a second.

K PUBLIC COMMENTS

No comments were received.

L DISCUSSION BY BOARD OF ITEMS NOT ON THE AGENDA

Mr. Esposito asked about the Firefighter intern program. He asked if interns should be included in the volunteer plan.

Discussion included: the need for the meeting; vesting period is five year; year earned requirements and the number of hours needed for minimum requirements.

M ADJOURNMENT

Motion by Vice Chairman Wilsey to adjourn the meeting. The meeting adjourned at 9:45 a.m.

City of Palm Coast, Florida Agenda Item

Agenda Date: 05/10/2019

Department CITY CLERK	Amount
Item Key	Account
Subject FINANCIAL REPORT FOR QUARTER ENDING 03/31/2019	
Background :	
Recommended Action :	

City of Palm Coast
 Volunteer Firefighter Pension
 Financial Report
 For Quarter Ending March 31, 2019

Cash and Investments Balance as of December 31, 2018

Florida League of Cities FMPT \$3,999,406.87

Revenues

Total Cash & Investments Balance \$3,999,406.87

Fire Insurance Premium Tax \$0.00
 Investment Earnings/Loss 378,748.41
 Total Revenue

\$378,748.41

Expenditures

Pension Distributions \$33,058.86
 Administrative Expenses \$19,406.65
 Share Plan Distributions -

Total Expenditures 52,465.51

Cash and Investments Balance as of March 31, 2019

\$4,325,689.77

Reconciliation

Florida League of Cities FMPT
 Total Cash & Investments Balance \$4,325,689.77
\$4,325,689.77

Invoices for Approval

FMIT Invoice A-3 Fiduciary Bonds VFF Liability	\$1,590.00 paid Q2
Sugarman & Susskind Inv 135933	\$425.00 paid Q2
Sugarman & Susskind Invoice # 136772	\$1,701.54 paid Q2
Sugarman & Susskind Invoice # 137672	\$318.75 to be paid Q3
Foster & Foster Invoice 14437	\$2,440.00 to be paid Q3

City of Palm Coast
 Volunteer Firefighter Pension
 Financial Report
 Summary FY 19 Expenses
 FY Ending September 30, 2019

Expenditures:	Total to Date	Budget	Under (Over)
Legal Fees			
Sugarman & Susskind	\$5,035.05	\$25,000.00	\$19,964.95
Actuarial Fees	\$0.00		
Foster & Foster	\$11,884.00	\$30,000.00	\$18,116.00
Fiduciary Insurance	\$0.00		
FMIT	\$1,590.00	\$2,500.00	\$910.00
Travel, Training, Admin	\$0.00		
	\$0.00	\$4,000.00	\$4,000.00
Plan Administration Fees	\$0.00		
Florida League of Cities	\$1,000.00	\$4,000.00	\$3,000.00
Investment Management Fees	\$0.00		
Florida League of Cities	\$4,192.73		
	\$23,701.78	\$65,500.00	\$45,990.95

City of Palm Coast
 Volunteer Firefighter Pension
 Financial Report
 Final Fiscal Year Expenses
 FY Ending September 30, 2019

	Prior Year Accruals	October	November	December	Qtr 12/31/18	January	February	March	Qtr 03/31/19	April	May	June	Qtr 06/30/19	July	August	September	Qtr 09/30/19	FYE Accruals	Annual Totals:	Budget	Under (Over)	
Expenditures:																						
Legal Fees																				\$5,035.05	\$25,000.00	\$19,964.95
- Sugarman & Susskind	\$0.00	\$0.00	\$1,102.10	\$0.00	\$1,102.10	\$1,487.66	\$318.75	\$2,126.54	\$3,932.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,035.05			
Actuarial Fees																			\$11,884.00			
- Foster & Foster	\$8,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,884.00	\$0.00	\$11,884.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$8,000.00)	\$11,884.00	\$30,000.00	\$18,116.00
Fiduciary Insurance																			\$1,590.00			
- FMIT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,590.00	\$1,590.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,590.00	\$2,500.00	\$910.00
Travel, Training, Admin																			\$0.00			
-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,000.00	\$4,000.00
Plan Administration Fees																			\$1,000.00			
- Florida League of Cities	\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$4,000.00	\$3,000.00
Investment Management Fees																			\$4,192.73			
- Florida League of Cities	\$0.00	\$2,193.03	\$0.00	\$0.00	\$2,193.03	\$1,999.70	\$0.00	\$0.00	\$1,999.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,192.73		
Totals:	\$8,000.00	\$3,193.03	\$1,102.10	\$0.00	\$4,295.13	\$3,487.36	\$12,202.75	\$3,716.54	\$19,406.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$8,000.00)	\$23,701.78	\$65,500.00	\$45,990.95

301 S. Bronough Street
P.O. Box 1757
Tallahassee, FL 32302
(800) 342 - 8112

Palm Coast Firefighters



Plan Account Statement for 01/01/2019 to 01/31/2019

Beginning Balance	Contributions	Earnings/(Losses)	Distributions	Fees / Req. / Exp.	Other	Ending Balance
\$3,999,406.87	\$0.00	\$220,956.90	(\$11,019.62)	(\$3,487.36)	\$0.00	\$4,205,856.79

Transaction Detail

Contributions

Contribution Detail							Rollover Detail					
Date	Payroll Ending	Employer	EE Pre-Tax	EE After-Tax	State Excise	Subtotal	Date	Participant	EE Pre-Tax Rollover	EE After Tax Rollover	Total	
Total							\$0.00	Total				

Fees, Requisitions and Expenses

Date	Req. Num	Description	Amount
01/01/2019	R-2019-Qrtrly1-049	VENDOR: FMPTF/ DETAIL: 12/31/2018 Quarterly Fees	(\$1,999.70)
01/11/2019	R-2019-12-00144	VENDOR: Sugarman & Susskind/ DETAIL: 11/09/18 Quarterly Meeting Attendance Expenses	(\$1,487.66)
Total			(\$3,487.36)

Other

Date	Description	Amount
Total		\$0.00

Earnings / (Losses)

Date	Amount
01/31/2019	\$220,956.90
Total	\$220,956.90

Distributions

Lump Sum Detail

Recurring Payment Detail

301 S. Bronough Street
P.O. Box 1757
Tallahassee, FL 32302
(800) 342 - 8112

Palm Coast Firefighters

Plan Account Statement for 01/01/2019 to 01/31/2019



<u>Date</u>	<u>Participant</u>	<u>Type</u>	<u>Amount</u>	<u>Date</u>	<u>Participant</u>	<u>Amount</u>
				01/01/2019	Ahearn, James	(\$175.00)
				01/01/2019	Brazzano, Daniel	(\$250.00)
				01/01/2019	Esposito, Charles	(\$1,104.53)
				01/01/2019	Hatch, Garrett (Gary)	(\$294.64)
				01/01/2019	Hopkins, David	(\$683.58)
				01/01/2019	Hudak, Robert	(\$317.64)
				01/01/2019	Kwiatkowski, Julius	(\$245.00)
				01/01/2019	Lee, James	(\$650.00)
				01/01/2019	Masters, Joseph	(\$715.00)
				01/01/2019	Matarazzo, Paul	(\$650.00)
				01/01/2019	McCombs, Thomas	(\$400.00)
				01/01/2019	Moniello, Ralph	(\$550.00)
				01/01/2019	Ogden, Jack	(\$412.58)
				01/01/2019	Palladino, Benjamin	(\$350.00)
				01/01/2019	Parneix, Guy	(\$250.00)
				01/01/2019	Pascucci, John	(\$400.00)
				01/01/2019	Peiffer, Howard	(\$700.00)
				01/01/2019	Pickard, John	(\$344.11)
				01/01/2019	Price, George	(\$350.00)
				01/01/2019	Riccio, Peter	(\$650.00)
				01/01/2019	Rolka, Gilbert	(\$361.16)
				01/01/2019	Sarubbi, Patrick	(\$393.64)
				01/01/2019	Warnet , Shirley	(\$265.93)
				01/01/2019	Winter, Frederick	(\$506.81)
Total			\$0.00	Total		(\$11,019.62)

301 S. Bronough Street
P.O. Box 1757
Tallahassee, FL 32302
(800) 342 - 8112

Palm Coast Firefighters



Plan Account Statement for 02/01/2019 to 02/28/2019

Beginning Balance	Contributions	Earnings/(Losses)	Distributions	Fees / Req. / Exp.	Other	Ending Balance
\$4,205,856.79	\$0.00	\$107,398.20	(\$11,019.62)	(\$12,202.75)	\$0.00	\$4,290,032.62

Transaction Detail

Contributions

Contribution Detail							Rollover Detail					
Date	Payroll Ending	Employer	EE Pre-Tax	EE After-Tax	State Excise	Subtotal	Date	Participant	EE Pre-Tax Rollover	EE After Tax Rollover	Total	
Total							\$0.00	Total				

Fees, Requisitions and Expenses

Date	Req. Num	Description	Amount
02/01/2019	R-2019-01-00206	VENDOR: Sugarman & Susskind/ DETAIL: Inv # 134457 Telephone Conference (2) re: Plan amendment	(\$318.75)
02/01/2019	R-2019-01-00207	VENDOR: Foster & Foster, Inc./ DETAIL: Actuarial Val 10/01/18 Prep GASB 67 & 68	(\$11,884.00)
Total			(\$12,202.75)

Other

Date	Description	Amount
Total		\$0.00

Earnings / (Losses)

Date	Amount
02/28/2019	\$107,398.20
Total	\$107,398.20

Distributions

301 S. Bronough Street
P.O. Box 1757
Tallahassee, FL 32302
(800) 342 - 8112

Palm Coast Firefighters

Plan Account Statement for 02/01/2019 to 02/28/2019



Lump Sum Detail				Recurring Payment Detail		
<u>Date</u>	<u>Participant</u>	<u>Type</u>	<u>Amount</u>	<u>Date</u>	<u>Participant</u>	<u>Amount</u>
Total						\$0.00
				02/01/2019	Ahearn, James	(\$175.00)
				02/01/2019	Brazzano, Daniel	(\$250.00)
				02/01/2019	Esposito, Charles	(\$1,104.53)
				02/01/2019	Hatch, Garrett (Gary)	(\$294.64)
				02/01/2019	Hopkins, David	(\$683.58)
				02/01/2019	Hudak, Robert	(\$317.64)
				02/01/2019	Kwiatkowski, Julius	(\$245.00)
				02/01/2019	Lee, James	(\$650.00)
				02/01/2019	Masters, Joseph	(\$715.00)
				02/01/2019	Matarazzo, Paul	(\$650.00)
				02/01/2019	McCombs, Thomas	(\$400.00)
				02/01/2019	Moniello, Ralph	(\$550.00)
				02/01/2019	Ogden, Jack	(\$412.58)
				02/01/2019	Palladino, Benjamin	(\$350.00)
				02/01/2019	Parneix, Guy	(\$250.00)
				02/01/2019	Pascucci, John	(\$400.00)
				02/01/2019	Peiffer, Howard	(\$700.00)
				02/01/2019	Pickard, John	(\$344.11)
				02/01/2019	Price, George	(\$350.00)
				02/01/2019	Riccio, Peter	(\$650.00)
				02/01/2019	Rolka, Gilbert	(\$361.16)
				02/01/2019	Sarubbi, Patrick	(\$393.64)
				02/01/2019	Warnet, Shirley	(\$265.93)
				02/01/2019	Winter, Frederick	(\$506.81)
				Total		
				(\$11,019.62)		

301 S. Bronough Street
P.O. Box 1757
Tallahassee, FL 32302
(800) 342 - 8112

Palm Coast Firefighters



Plan Account Statement for 03/01/2019 to 03/31/2019

Beginning Balance	Contributions	Earnings/(Losses)	Distributions	Fees / Req. / Exp.	Other	Ending Balance
\$4,290,032.62	\$0.00	\$50,393.31	(\$11,019.62)	(\$3,716.54)	\$0.00	\$4,325,689.77

Transaction Detail

Contributions

Contribution Detail							Rollover Detail					
Date	Payroll Ending	Employer	EE Pre-Tax	EE After-Tax	State Excise	Subtotal	Date	Participant	EE Pre-Tax Rollover	EE After Tax Rollover	Total	
Total							\$0.00	Total				

Fees, Requisitions and Expenses

Date	Req. Num	Description	Amount
03/01/2019	R-2019-02-00269	VENDOR: Florida Municipal Insurance Trust/ DETAIL: A-3 Bonds Fiduciary Liability VFF Retirement Tr	(\$1,590.00)
03/01/2019	R-2019-02-00272	VENDOR: Sugarman & Susskind/ DETAIL: Review and edit board procedures	(\$425.00)
03/22/2019	R-2019-03-00337	VENDOR: Sugarman & Susskind/ DETAIL: Meeting Attendance & Travel Exp. 021519	(\$1,701.54)
Total			(\$3,716.54)

Other

Date	Description	Amount
Total		\$0.00

Earnings / (Losses)

Date	Amount
03/31/2019	\$50,393.31
Total	\$50,393.31

Distributions

301 S. Bronough Street
P.O. Box 1757
Tallahassee, FL 32302
(800) 342 - 8112

Palm Coast Firefighters

Plan Account Statement for 03/01/2019 to 03/31/2019



Lump Sum Detail				Recurring Payment Detail		
Date	Participant	Type	Amount	Date	Participant	Amount
				03/01/2019	Ahearn, James	(\$175.00)
				03/01/2019	Brazzano, Daniel	(\$250.00)
				03/01/2019	Esposito, Charles	(\$1,104.53)
				03/01/2019	Hatch, Garrett (Gary)	(\$294.64)
				03/01/2019	Hopkins, David	(\$683.58)
				03/01/2019	Hudak, Robert	(\$317.64)
				03/01/2019	Kwiatkowski, Julius	(\$245.00)
				03/01/2019	Lee, James	(\$650.00)
				03/01/2019	Masters, Joseph	(\$715.00)
				03/01/2019	Matarazzo, Paul	(\$650.00)
				03/01/2019	McCombs, Thomas	(\$400.00)
				03/01/2019	Moniello, Ralph	(\$550.00)
				03/01/2019	Ogden, Jack	(\$412.58)
				03/01/2019	Palladino, Benjamin	(\$350.00)
				03/01/2019	Parneix, Guy	(\$250.00)
				03/01/2019	Pascucci, John	(\$400.00)
				03/01/2019	Peiffer, Howard	(\$700.00)
				03/01/2019	Pickard, John	(\$344.11)
				03/01/2019	Price, George	(\$350.00)
				03/01/2019	Riccio, Peter	(\$650.00)
				03/01/2019	Rolka, Gilbert	(\$361.16)
				03/01/2019	Sarubbi, Patrick	(\$393.64)
				03/01/2019	Warnet, Shirley	(\$265.93)
				03/01/2019	Winter, Frederick	(\$506.81)
Total			\$0.00	Total		(\$11,019.62)

SPECIAL COVERAGES

INVOICE

2/14/2019 FMIT# 1372

Ms. Rose Conceicao
 Risk Management & Contract Coordinator
 City of Palm Coast
 160 Lake Avenue
 Palm Coast, FL 32164

MAKE CHECKS PAYABLE TO:
FLORIDA MUNICIPAL INSURANCE TRUST
POST OFFICE BOX 1757
TALLAHASSEE FL 32302-1757

**PLEASE RETURN ONE COPY OF THIS INVOICE WITH YOUR CHECK BY 3/1/2019.
 IF FULL PREMIUM PAYMENT IS NOT RECEIVED BY 3/1/2019, THE POLICY IS SUBJECT TO CANCELLATION
 FOR NON-PAYMENT OF PREMIUM BY THE INSURER.**

DESCRIPTION	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
A-3 BONDS FIDUCIARY LIABILITY CITY OF PALM COAST VOLUNTEER FIREFIGHTERS RETIREMENT TRUST FUND TOTAL LIMIT: \$1,000,000	U719-52500	3/10/2019	3/10/2020

PREMIUMS

BASE PREMIUM:	\$1,590.00
ADDITIONAL INSURED(S):	
TERRORISM:	
INSPECTION FEE:	
POLICY FEE:	
FEES:	

TOTAL POLICY PREMIUM: **\$ 1,590.00**

Ancillary insurance coverage includes any insurance coverage not currently available directly from the Florida Municipal Insurance Trust. When the Florida League of Cities, Inc. acts as intermediary or agency in facilitating ancillary insurance coverage for a member with a third party insurer, the Florida League of Cities, Inc. shall not be liable to the member if the third party insurer becomes insolvent at any time after coverage has commenced. The Florida League of Cities, Inc. shall use reasonable skill and judgment in securing any such ancillary insurance coverage. However, it is not a guarantor of the financial condition of any third party insurer and is entitled to reasonably rely upon generally accepted financial, actuarial and/or insurance industry data when facilitating ancillary insurance coverage.

SUGARMAN & SUSSKIND

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

Robert A. Sugarman
Howard S. Susskind
Kenneth R. Harrison, Sr.
D. Marcus Braswell, Jr.
Pedro A. Herrera
Ivelisse Berio-LeBeau
David E. Robinson

100 Miracle Mile
Suite 300
Coral Gables, Florida 33134
(305) 529-2801
Broward 763-2566
Toll Free 1-800-329-2122
Facsimile (305) 447-8115

February 19, 2019

Palm Coast Volunteer Firefighters' Retirement System
c/o City of Palm Coast
Attn: Helena Alves
160 Lake Avenue
Palm Coast, FL 32164

CURRENT FEES:	425.00
CURRENT COSTS:	0.00
PREVIOUS BALANCE:	1,806.41
PAYMENTS RECEIVED:	1,487.66-#063100680003251 318.75-#063100680002625

TOTAL AMOUNT DUE:	425.00

SUGARMAN & SUSSKIND

100 Miracle Mile
Suite 300
Coral Gables, Florida 33134
Telephone: 305-529-2801
Fax: 305-447-8115
www.sugarmansusskind.com

Palm Coast Volunteer Firefighters' Retirement System
c/o City of Palm Coast
ATTN: Helene Alves
160 Lake Avenue
Palm Coast, FL 32164

February 14, 2019
Invoice # 135933

Client: Matter CD-PCFP: MEET

In Reference To: Meeting

	<u>Amount</u>
Previous balance	\$1,381.41
1/11/2019 Payment - Thank You Trace #063100680003251	(\$1,381.41)
Total payments and adjustments	(\$1,381.41)
Balance due	<u>\$0.00</u>

Client: Matter CD-PCFP: MISC

In Reference To: Miscellaneous

	<u>Amount</u>
Previous balance	\$106.25
1/11/2019 Payment - Thank You Trace #063100680003251	(\$106.25)
Total payments and adjustments	(\$106.25)
Balance due	<u>\$0.00</u>

Client: Matter CD-PCFP: PLAN

In Reference To: Plan

Professional Services

	<u>Hrs/Rate</u>	<u>Amount</u>
1/23/2019 Review and edit board procedures	1.00 \$425.00/hr	\$425.00
For professional services rendered	1.00	\$425.00
Previous balance		\$318.75
2/1/2019 Payment - Thank You Trace #063100680002625		(\$318.75)
Total payments and adjustments		(\$318.75)
Balance due		<u>\$425.00</u>

SUGARMAN & SUSSKIND

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

Robert A. Sugarman
Howard S. Susskind
Kenneth R. Harrison, Sr.
D. Marcus Braswell, Jr.
Pedro A. Herrera
Ivelisse Berio-LeBeau
David E. Robinson

100 Miracle Mile
Suite 300
Coral Gables, Florida 33134
(305) 529-2801
Broward 763-2566
Toll Free 1-800-329-2122
Facsimile (305) 447-8115

March 18, 2019

Palm Coast Volunteer Firefighters' Retirement System
c/o City of Palm Coast
Attn: Helena Alves
160 Lake Avenue
Palm Coast, FL 32164

CURRENT FEES:	1,593.75
CURRENT COSTS:	107.79
PREVIOUS BALANCE:	425.00
PAYMENTS RECEIVED:	425.00-#063100680003162

TOTAL AMOUNT DUE:	1,701.54

SUGARMAN & SUSSKIND

100 Miracle Mile
Suite 300
Coral Gables, Florida 33134
Telephone: 305-529-2801
Fax: 305-447-8115
www.sugarmansusskind.com

Palm Coast Volunteer Firefighters' Retirement System
c/o City of Palm Coast
ATTN: Helene Alves
160 Lake Avenue
Palm Coast, FL 32164

March 18, 2019
Invoice # 136772

Client: Matter CD-PCFP:MEET

In Reference To: Meeting

Professional Services

	<u>Hrs/Rate</u>	<u>Amount</u>
2/15/2019 Attend meeting	1.25 \$425.00/hr	\$531.25
travel	3.00 \$212.50/hr	\$637.50
For professional services rendered	<u>4.25</u>	<u>\$1,168.75</u>
Additional Charges :		
2/15/2019 Travel Expense - Hotel (2) \$204.28, \$240.76, Auto Rental \$93.90 = \$538.94/5 clients = \$107.79		\$107.79
Total costs		<u>\$107.79</u>
Total amount of this bill		<u>\$1,276.54</u>
Balance due		<u><u>\$1,276.54</u></u>

Client: Matter CD-PCFP:PLAN

In Reference To: Plan

Professional Services

	<u>Hrs/Rate</u>	<u>Amount</u>
2/6/2019 Draft revised plan procedures	1.00 \$425.00/hr	\$425.00
For professional services rendered	<u>1.00</u>	<u>\$425.00</u>
Previous balance		\$425.00
2/15/2019 Payment - Thank You Trace #063100680003162		(\$425.00)
Total payments and adjustments		<u>(\$425.00)</u>
Balance due		<u><u>\$425.00</u></u>

SUGARMAN & SUSSKIND

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

Robert A. Sugarman
Howard S. Susskind
Kenneth R. Harrison, Sr.
D. Marcus Braswell, Jr.
Pedro A. Herrera
Ivelisse Berio-LeBeau
David E. Robinson

100 Miracle Mile
Suite 300
Coral Gables, Florida 33134
(305) 529-2801
Broward 763-2566
Toll Free 1-800-329-2122
Facsimile (305) 447-8115

April 11, 2019

Palm Coast Volunteer Firefighters' Retirement System
c/o City of Palm Coast
Attn: Helena Alves
160 Lake Avenue
Palm Coast, FL 32164

CURRENT FEES:	318.75
CURRENT COSTS:	0.00
PREVIOUS BALANCE:	1,701.54
PAYMENTS RECEIVED:	1,701.54-#063100680003903

TOTAL AMOUNT DUE:	318.75

SUGARMAN & SUSSKIND

100 Miracle Mile
Suite 300
Coral Gables, Florida 33134
Telephone: 305-529-2801
Fax: 305-447-8115
www.sugarmansusskind.com

Palm Coast Volunteer Firefighters' Retirement System
c/o City of Palm Coast
ATTN: Helene Alves
160 Lake Avenue
Palm Coast, FL 32164

April 11, 2019
Invoice # 137672

Client: Matter CD-PCFP: MEET

In Reference To: Meeting

	<u>Amount</u>
Previous balance	\$1,276.54
3/22/2019 Payment - Thank You Trace #063100680003903	(\$1,276.54)
Total payments and adjustments	(\$1,276.54)
Balance due	<u>\$0.00</u>

Client: Matter CD-PCFP: MISC

In Reference To: Miscellaneous

Professional Services

	<u>Hrs/Rate</u>	<u>Amount</u>
3/11/2019 Telephone conference with client, whether benefits may be paid in accordance with new internal revenue code limit of \$6000 prior to City's adoption of ordinance raising benefit limit to \$6000	0.25 \$425.00/hr	\$106.25
Email to client, whether benefits may be paid in accordance with new internal revenue code limit of \$6000 prior to City's adoption of ordinance raising benefit limit to \$6000	0.25 \$425.00/hr	\$106.25
Email to client, whether benefits may be paid in accordance with new internal revenue code limit of \$6000 prior to City's adoption of ordinance raising benefit limit to \$6000	0.25 \$425.00/hr	\$106.25

	<u>Amount</u>
For professional services rendered	0.75 \$318.75
Balance due	<u>\$318.75</u>

Client: Matter CD-PCFP: PLAN

In Reference To: Plan

	<u>Amount</u>
Previous balance	\$425.00
3/22/2019 Payment - Thank You Trace #063100680003903	(\$425.00)
Total payments and adjustments	<u>(\$425.00)</u>
Balance due	<u>\$0.00</u>



Invoice

Date	Invoice #
4/19/2019	14437

Phone: (239) 433-5500
Fax: (239) 481-0634
data@foster-foster.com
www.foster-foster.com

Bill To
City of Palm Coast Volunteer Firefighters' Retirement Trust Fund 160 Lake Avenue Palm Coast, FL 32164

Terms	Due Date
Net 30	5/19/2019

Description	Amount
E-mail correspondence dated January 29, 2019 regarding original benefit calculations for Thomas McCombs and Guy Parneix	50.00
Preparation for and attendance at February 15, 2019 Board meeting (Board's share of expenses)	140.00
2018 Actuarial Confirmation of the Use of State Monies for the 2018 Annual Report	250.00
Preparation of Share Plan schedule in conjunction with the 10/1/2018 actuarial valuation report.	2,000.00

Balance Due \$2,440.00

Thank you for your business!

Please make all checks payable to:
 Foster & Foster, Inc.
 13420 Parker Commons Blvd, Suite 104
 Fort Myers, FL 33912

City of Palm Coast, Florida Agenda Item

Agenda Date : 05/10/2019

Department	CITY CLERK	Amount
Item Key	6383	Account
Subject	REVIEW BOARD'S POSITION REGARDING ICE MILLER	
Background :		
Recommended Action :		

City of Palm Coast, Florida Agenda Item

Agenda Date: 05/10/2019

Department CITY CLERK Item Key	Amount Account
Subject VOLUNTEER ASSOCIATION, APPOINTMENT OF TWO TRUSTEES TO THE BOARD	
Background : The Association held an election on April 1, 2019 and appointed Tim Wilsey and Vincent DeVita as their two representatives to the board.	
Recommended Action :	

City of Palm Coast, Florida Agenda Item

Agenda Date :05/10/2019

Department CITY CLERK	Amount
Item Key	Account
Subject CITY APPOINTMENTS OF TWO TRUSTEES TO THE BOARD	
Background : At the City Council Business Meeting of April 16, 2019, Council unanimously voted for Charlie Esposito and Daniel Brazzano to remain in their seats on the Pension Board.	
Recommended Action :	

City of Palm Coast, Florida Agenda Item

Agenda Date: 5/10/2019

Department Item Key	CITY CLERK 6338	Amount Account
Subject REMINDER FINANCIAL DISCLOSURE FORMS		
Background : Just a reminder that Form1s are due in July. The Supervisor of Elections should be sending you this form to your address at some point in the month of June.		
Recommended Action :		

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 :

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR 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):

DECEMBER 31, 2018 OR 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):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR 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.

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 CEForm1@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, 2018.

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 \$20,000 for the local governmental unit.

8) Officers and employees of entities serving as chief administrative officer of a political subdivision.

9) 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, Assistant 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 \$20,000.

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.

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.

OFFICE OR POSITION HELD OR SOUGHT: The title of the office or position you hold, are seeking, or held during the disclosure period even if you have since left that position. 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 is not required and you should redact it 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 request.

DISCLOSURE PERIOD: The tax year for most individuals is the calendar year (January 1 through December 31). If that is the case for you, then your financial interests should be reported for the calendar year 2018; check that box. If you file your IRS tax return based on a tax year that is not the calendar year, you should specify the dates of your tax year in this portion of the form and check the appropriate box. This is the "disclosure period" for your report.

MANNER OF CALCULATING REPORTABLE INTEREST

Filers have the option of reporting based on either thresholds that are comparative (usually, based on percentage values) or 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. You must use the type of threshold you have chosen for each part of the form. 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 the amount of income received, and you need not list your public salary from serving in the position(s) which requires you to file this form. 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, 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 each individual company 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 current appraisal.

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, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. 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 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(6), 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 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.

(End of Dollar Value Thresholds Instructions.)

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 the amount of income received, and you need not list your public salary received from serving in the position(s) which requires you to file this form, but this amount 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, 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 each individual company 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 current appraisal.

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, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. 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 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 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, 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, 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 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 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.

(End of Percentage Thresholds Instructions.)