

# 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 CALENDAR YEAR 20____. |                          |
|   |      | <b>DO NOT FILE THIS FORM IF YOU HAVE NOTHING TO REPORT ON IT.</b>   |                          |
| MAILING ADDRESS:                        |      | NAME OF AGENCY:   |                          |
|   |      |   |                          |
| CITY:                                   | ZIP: | COUNTY:   | OFFICE OR POSITION HELD: |
|   |      |   |                          |

### PART A -- GIFTS (HAVING A PUBLIC PURPOSE) FROM GOVERNMENTAL ENTITIES

| NAME OF PERSON PROVIDING GIFT(S) | TOTAL VALUE OF GIFTS FROM THAT PERSON | DESCRIPTION OF INDIVIDUAL GIFTS | DATE EACH GIFT RECEIVED |
|----------------------------------|---------------------------------------|---------------------------------|-------------------------|
|                                  |                                       |                                 |                         |
|                                  |                                       |                                 |                         |
|                                  |                                       |                                 |                         |

### PART B -- GIFTS FROM DIRECT SUPPORT ORGANIZATIONS

| NAME OF PERSON PROVIDING GIFT(S) | TOTAL VALUE OF GIFTS FROM THAT PERSON | DESCRIPTION OF INDIVIDUAL GIFTS | DATE EACH GIFT RECEIVED |
|----------------------------------|---------------------------------------|---------------------------------|-------------------------|
|                                  |                                       |                                 |                         |
|                                  |                                       |                                 |                         |

### PART C -- HONORARIUM EVENT RELATED EXPENSES

|                                       | EVENT #1 | EVENT #2 | <b>INSTRUCTIONS</b><br>on who must file this form and how to fill it out are on the reverse side.<br><br><b>FILING INSTRUCTIONS</b><br>for when and where to file this form are located on the reverse side. |
|---------------------------------------|----------|----------|--|
| NAME OF PERSON PAYING EXPENSES        |          |          |  |
| ADDRESS OF PERSON                     |          |          |  |
| AFFILIATION OF PERSON                 |          |          |  |
| AMOUNT OF HONORARIUM EXPENSES         |          |          |  |
| DATE(S) OF THE EVENT                  |          |          |  |
| DESCRIPTION OF EXPENSES PAID EACH DAY |          |          |  |
| TOTAL VALUE OF EXPENSES FOR THE EVENT |          |          |  |

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:**

**DATE SIGNED:**

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

**WHEN AND WHERE TO FILE:** By July 1 of the year following the year covered by this form. 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 Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303. **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, including candidates (comprehensive lists are part of each of those forms) **except judges**. In addition, state "procurement employees" are required to file Form 10, **as well as former reporting individuals and procurement employees who left office or employment during the calendar year covered by the report.** 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; and

(2) Have participated in the preceding 12 months through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, or auditing or in any other advisory capacity in the procurement of contractual services or commodities as defined in s. 287.012, F.S., if the cost of such services or commodities exceeds or is expected to exceed \$10,000 in any fiscal year.

**INTRODUCTORY INFORMATION**(At the top of the form):

**CALENDAR YEAR:** Write the year covered by this form.

**NAME OF AGENCY:** This should be the name of the governmental unit which you serve or served, sought election to, 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, sought, or held during the year covered by this form (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."

**MAILING ADDRESS:** Write your current mailing address here. If you are an active or former officer or employee listed in Section 119.071(4)(d), F.S., whose home address is exempt from disclosure, the Commission is required to maintain the confidentiality of your home address *if you submit a written request for confidentiality*. Persons listed in Section 119.071(4)(d), F.S. should provide an address other than their home address, if possible.

### **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 South Florida Regional Transportation 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 vendor doing business with their agency, from a political committee under the elections law, 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.

### **NOTE**

Gifts that formerly were allowed under Sections 112.3148 and 112.3149, F.S., now may be prohibited under Sections 11.045, 112.3215, and 112.31485, F.S.

### **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; information is also provided at: [www.ethics.state.fl.us](http://www.ethics.state.fl.us).

**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 or more of the following: impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand or a fine up to \$10,000.