HAND DELIVERED CONFIDENTIAL

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

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

FOR OFFICE USE ONLY:

PROCESSED

236732

RECEIVED
2018 JUN 18 AM 8:19

LAST NAME — FIRST NAME — MIDDLE NAME:
Pizzo, Jason

MAILING ADDRESS:
[redacted]

CITY: [redacted] ZIP: COUNTY:

NAME OF AGENCY:
Florida Legislature

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Senate

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 17 was $ 9,709,643.03.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 1,520,672

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

(Continued on reverse side)

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See Attached		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

PART E – INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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 F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

CHRISTIAN B. ULVERT
MY COMMISSION # FF 173525
EXPIRES: December 16, 2018
Bonded Thru Notary Public Underwriters

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 15th day of June, 2018 by Jason Pizzo.

(Signature of Notary Public--State of Florida)

Christian Ulvert
(Print, Type, or Stamp Commissioned Name of Notary Public)

MY COMMISSION # FF 173525
EXPIRES: December 16, 2018
Bonded Thru Notary Public Underwriters

Personally Known ✓ *OR* Produced Identification _____

Type of Identification Produced _____

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

JASON PIZZO
Full and Public Disclosure of Financial Interests
December 31, 2017

PART B – ASSETS	**Value of Asset**
Household Goods and Personal Effects	
-Vehicles, Watercraft, Jewelry, Art, Clothing, Equip. & Furnishings	$1,520,672
Assets Individually Valued at Over $1,000	
-Personal Residence @ [redacted]	$2,800,000
-Partnerships in Real Estate Investments	
Town Center Haddon Urban Renewal, LLC 225 Haddon Avenue Haddon Twp., NJ 08108	$1,700,000
Pond View at Westbrook, LLC 100 Westbrook Drive Woolwich Twp., 08085	$1,800,000
Westbrook at Weatherby, LLC 100 Westbrook Drive Woolwich Twp., NJ 08085	$1,600,000
PizzoBrown, LLC 110 Juniper Lane Hammonton, NJ 08037	$300,000
-Guardian Whole Life Insurance	
#1 Policy Cash Value	$126,664.84
#2 Policy Cash Value	$117,436.90
#3 Policy Cash Value	$23,495.86
#4 Policy Cash Value	$11,749.98
-TD Bank	
Checking Account	$250,000

PART C – LIABILITIES	**Amount of Liability**
United Bank 75 Remittance Drive Chicago, IL 60675	$540,376.55

PART D – INCOME	**Amount**
Primary Sources of Income	
Berkshire Human Resources 1065 Rt. 22 West Bridgewater, NJ 08807	$156,000
JWBP, LLC 1065 Rt. 22 West Bridgewater, NJ 08807	$41,460.75
Pond View at Weatherby 100 Westbrook Drive Woolwich Twp., NJ 08085	$40,750
Westbrook at Weatherby 100 Westbrook Drive Woolwich Twp., NJ 08085	$32,000

CONFIDENTIAL

HAND DELIVERED

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

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

FOR OFFICE USE ONLY:

PROCESSED

236732

RECEIVED
2018 JUN 19 AM 9:13
JOINT LEGISLATIVE AUDITING COMMITTEE

LAST NAME — FIRST NAME — MIDDLE NAME:
Pizzo, Jason

MAILING ADDRESS:
[redacted]

CITY: [redacted] ZIP: COUNTY:

NAME OF AGENCY:
Florida Legislature

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Senate

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 17 was $ 9,709,643.03.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 1,520,672

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

(Continued on reverse side)

PART D -- INCOME

Identify each *separate source and amount of income* which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website

☐ I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See Attached		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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 F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 18 day of June, 20 18 by Jason Pizzo

Jorge Diaz
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF966219
Expires 5/25/2020

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification FLDL

Type of Identification Produced FL DL P200 439 76 180-0

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

_____ 6/18/18
Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

JASON PIZZO
Full and Public Disclosure of Financial Interests
December 31, 2017

PART B – ASSETS	**Value of Asset**
Household Goods and Personal Effects	
-Vehicles, Watercraft, Jewelry, Art, Clothing, Equip. & Furnishings	$1,520,672
Assets Individually Valued at Over $1,000	
-Personal Residence @ [redacted]	$2,800,000
-Partnerships in Real Estate Investments	
Town Center Haddon Urban Renewal, LLC 225 Haddon Avenue Haddon Twp., NJ 08108	$1,700,000
Pond View at Westbrook, LLC 100 Westbrook Drive Woolwich Twp., 08085	$1,800,000
Westbrook at Weatherby, LLC 100 Westbrook Drive Woolwich Twp., NJ 08085	$1,600,000
PizzoBrown, LLC 110 Juniper Lane Hammonton, NJ 08037	$300,000
-Guardian Whole Life Insurance	
#1 Policy Cash Value	$126,664.84
#2 Policy Cash Value	$117,436.90
#3 Policy Cash Value	$23,495.86
#4 Policy Cash Value	$11,749.98
-TD Bank	
Checking Account	$250,000

PART C – LIABILITIES	**Amount of Liability**
United Bank 75 Remittance Drive Chicago, IL 60675	$540,376.55

PART D – INCOME	**Amount**
Primary Sources of Income	
Berkshire Human Resources 1065 Rt. 22 West Bridgewater, NJ 08807	$156,000
JWBP, LLC 1065 Rt. 22 West Bridgewater, NJ 08807	$41,460.75
Pond View at Weatherby 100 Westbrook Drive Woolwich Twp., NJ 08085	$40,750
Westbrook at Weatherby 100 Westbrook Drive Woolwich Twp., NJ 08085	$32,000