

**FINANCIAL DISCLOSURE REPORT
FOR CALENDAR YEAR 2015**

*Report Required by the Ethics
in Government Act of 1978
(5 U.S.C. app. §§ 101-111)*

1. Person Reporting (last name, first, middle initial) Lazzara, Richard A.	2. Court or Organization U.S.D.C., Middle District of Florida, Tampa Division	3. Date of Report 05/05/2016
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) Senior	5a. Report Type (check appropriate type) ☐ Nomination ☐ Date ☐ Initial ☒ Annual ☐ Final 5b. ☐ Amended Report	6. Reporting Period 01/01/2015 to 12/31/2015
7. Chambers or Office Address 801 N. Florida Avenue Chambers 15B Tampa, FL 33602-3800		
IMPORTANT NOTES: <i>The instructions accompanying this form must be followed. Complete all parts, checking the NONE box for each part where you have no reportable information.</i>		

I. POSITIONS. *(Reporting individual only; see pp. 9-13 of filing instructions.)*

☒ **NONE** *(No reportable positions.)*

	<u>POSITION</u>	<u>NAME OF ORGANIZATION/ENTITY</u>
1.		
2.		
3.		
4.		
5.		

II. AGREEMENTS. *(Reporting individual only; see pp. 14-16 of filing instructions.)*

☒ **NONE** *(No reportable agreements.)*

	<u>DATE</u>	<u>PARTIES AND TERMS</u>
1.		
2.		
3.		

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III. NON-INVESTMENT INCOME. *(Reporting individual and spouse; see pp. 17-24 of filing instructions.)***A. Filer's Non-Investment Income**☐ NONE *(No reportable non-investment income.)*

<u>DATE</u>	<u>SOURCE AND TYPE</u>	<u>INCOME</u> (yours, not spouse's)
1. 2015	State of Florida, Retirement System	\$41,611.62
2.		
3.		
4.		

B. Spouse's Non-Investment Income - *If you were married during any portion of the reporting year, complete this section.**(Dollar amount not required except for honoraria.)*☐ NONE *(No reportable non-investment income.)*

<u>DATE</u>	<u>SOURCE AND TYPE</u>
1. 2015	State of Florida, Retirement System
2.	
3.	
4.	

IV. REIMBURSEMENTS *-- transportation, lodging, food, entertainment.**(Includes those to spouse and dependent children; see pp. 25-27 of filing instructions.)*☒ NONE *(No reportable reimbursements.)*

<u>SOURCE</u>	<u>DATES</u>	<u>LOCATION</u>	<u>PURPOSE</u>	<u>ITEMS PAID OR PROVIDED</u>
1.				
2.				
3.				
4.				
5.				

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V. GIFTS. *(Includes those to spouse and dependent children; see pp. 28-31 of filing instructions.)*☒ **NONE** *(No reportable gifts.)*

<u>SOURCE</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
1.		
2.		
3.		
4.		
5.		

VI. LIABILITIES. *(Includes those of spouse and dependent children; see pp. 32-33 of filing instructions.)*☐ **NONE** *(No reportable liabilities.)*

<u>CREDITOR</u>	<u>DESCRIPTION</u>	<u>VALUE CODE</u>
1. First Community Bank of America	Commercial Loan Guaranty for Lazzara Family Partnership (7/2/2010)	N
2.		
3.		
4.		
5.		

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Table with 2 columns: Name of Person Reporting, Date of Report. Row 1: Lazzara, Richard A., 05/05/2016

VII. INVESTMENTS and TRUSTS -- income, value, transactions (Includes those of spouse and dependent children; see pp. 34-60 of filing instructions.)

[] NONE (No reportable income, assets, or transactions.)

Table with 10 columns: A. Description of Assets, B. Income during reporting period, C. Gross value at end of reporting period, D. Transactions during reporting period. Rows 1-17 contain asset details like C I Bank, Plaza Equipment Co., Family Partnership, etc.

1. Income Gain Codes: (See Columns B1 and D4)
2. Value Codes (See Columns C1 and D3)
3. Value Method Codes (See Column C2)
A=\$1,000 or less
F=\$50,001 - \$100,000
J=\$15,000 or less
N=\$250,001 - \$500,000
P3=\$25,000,001 - \$50,000,000
Q=Appraisal
U=Book Value
B=\$1,001 - \$2,500
G=\$100,001 - \$1,000,000
K=\$15,001 - \$50,000
O=\$500,001 - \$1,000,000
R=Cost (Real Estate Only)
V=Other
C=\$2,501 - \$5,000
H1=\$1,000,001 - \$5,000,000
L=\$50,001 - \$100,000
P1=\$1,000,001 - \$5,000,000
P4=More than \$50,000,000
S=Assessment
W=Estimated
D=\$5,001 - \$15,000
H2=More than \$5,000,000
M=\$100,001 - \$250,000
P2=\$5,000,001 - \$25,000,000
T=Cash Market
E=\$15,001 - \$50,000

Name of Person Reporting Lazzara, Richard A.	Date of Report 05/05/2016
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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS. *(Indicate part of report.)*

Accounts at SunTrust Bank and United Bank were closed and the funds were deposited into account at Suncoast Federal Credit Union (See #8 under VII).

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IX. CERTIFICATION.

I certify that all information given above (including information pertaining to my spouse and minor or dependent children, if any) is accurate, true, and complete to the best of my knowledge and belief, and that any information not reported was withheld because it met applicable statutory provisions permitting non-disclosure.

I further certify that earned income from outside employment and honoraria and the acceptance of gifts which have been reported are in compliance with the provisions of 5 U.S.C. app. § 501 et. seq., 5 U.S.C. § 7353, and Judicial Conference regulations.

Signature: s/ Richard A. Lazzara

NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILLFULLY FALSIFIES OR FAILS TO FILE THIS REPORT MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS (5 U.S.C. app. § 104)

Committee on Financial Disclosure
Administrative Office of the United States Courts
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