

## Deborah Thomas

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**From:** Roig, Janette <Janette.Roig@brevardfl.gov>  
**Sent:** Friday, July 22, 2022 12:12 PM  
**To:** Thomas, Deborah  
**Cc:** Schverak, Christine; Stern, Danielle; Zonka, Kristine  
**Subject:** RE: Zonka - Form 8b  
**Attachments:** Voting Conflict Form.pdf

Hi Deborah,

I was asked to have this form signed by Commissioner Zonka and sent over to the clerks office to be filed with the minutes. Please see attached.

Thank you and hope you have a great weekend!

**Janette Roig**  
Legislative Affairs Director  
Brevard County Commissioner Kristine Zonka District Five  
490 Centre Lake Drive NE Suite 175  
Palm Bay, FL 32907  
Phone: (321)253-6611  
Janette.Roig@brevardfl.gov

*filed with  
H3. also*

**From:** Stern, Danielle <danielle.stern@brevardfl.gov>  
**Sent:** Wednesday, July 20, 2022 7:53 AM  
**To:** Roig, Janette <Janette.Roig@brevardfl.gov>  
**Subject:** Fwd: Zonka - Form 8b

Please print these out and have ready for Kristine to sign on Friday. Thank you!

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**From:** Stern, Danielle <danielle.stern@brevardfl.gov>  
**Sent:** Tuesday, July 19, 2022 5:00:38 PM  
**To:** Zonka, Kristine <Kristine.Zonka@brevardfl.gov>  
**Subject:** Fwd: Zonka - Form 8b

FYI....

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**From:** Schverak, Christine <Christine.Schverak@brevardfl.gov>  
**Sent:** Tuesday, July 19, 2022 2:20:54 PM  
**To:** Stern, Danielle <danielle.stern@brevardfl.gov>  
**Subject:** Zonka - Form 8b

Danielle,

Commissioner Zonka requested some changes to her Form 8b.

Please see if this is acceptable. She will need to mark "X" next to the line (a) where it says "inured to the special gain or loss of Health Medical Group, by whom I am retained.

Then she will need to sign and date it.

Once she does that, it just needs to get to the Clerk of the Board, to be filed with the minutes.

Sincerely,

Christi

Christine M. Schverak, Esq.  
Interim County Attorney  
Brevard County Attorney's Office  
2725 Judge Fran Jamieson Way, Suite 308  
Viera, FL 32940  
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[Christine.schverak@brevardfl.gov](mailto:Christine.schverak@brevardfl.gov)



## **County Attorney**

*The State of Florida has a broad public records law and a request made under the authority of that Public Records law may require the disclosure and copying of any email and email address sent to this office unless exempt, privileged or confidential under state law.*

# FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME ZONKA, KRISTINE		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE BOARD OF COUNTY COMMISSIONERS	
MAILING ADDRESS 490 CENTRE LAKE DRIVE, SUITE 175		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:	
CITY PALM BAY	COUNTY BREVARD	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY	
DATE ON WHICH VOTE OCCURRED 7/19/22		NAME OF POLITICAL SUBDIVISION: BREVARD COUNTY FL	
		MY POSITION IS: <input checked="" type="checkbox"/> ELECTIVE <input type="checkbox"/> APPOINTIVE	

## WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing and filing the form.

## INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which would inure to his or her special private gain or loss. Each elected or appointed local officer also **MUST ABSTAIN** from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies (CRAs) under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

### ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

**PRIOR TO THE VOTE BEING TAKEN** by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

**WITHIN 15 DAYS AFTER THE VOTE OCCURS** by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

### APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you are not prohibited by Section 112.3143 from otherwise participating in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

**IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:**

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on page 2)

### APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

### DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, KRISTINE ZONKA, hereby disclose that on July 19, 2022:

(a) A measure came or will come before my agency which (check one or more)

- ☐ inured to my special private gain or loss;
- ☐ inured to the special gain or loss of my business associate, \_\_\_\_\_;
- ☐ inured to the special gain or loss of my relative, \_\_\_\_\_;
- ☒ inured to the special gain or loss of Health First Medical Group, by whom I am retained; or
- ☐ inured to the special gain or loss of \_\_\_\_\_, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

The Board of County Commissioners is considering a change of zoning classification for Health First, Inc., and Health First Shared Services, Inc., a Florida not-for-profit corporation, affiliated with Cape Canaveral Hospital, Holmes Regional Medical Center, Inc., and Viera Hospital, Inc. There may be a possible conflict between Health First Shared Services, Inc., and Health First Medical Group, the company that employs me. The Board of County Commissioners is considering removing this Health First project from the Merritt Island Redevelopment Area, which action may benefit Health First by reducing the amount of government review required for the project.

Pursuant to Section 286.012, Florida Statutes, I am declaring a voting conflict and I have not and will not participate in the Board's decision regarding issuance/granting of the change of zoning classification requested by Health First, Inc., and Health First Shared Services, Inc., or the decision to proceed on removing Health First from the Merritt Island Redevelopment Agency (MIRA).

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.

Date Filed

7/22/22

Signature



NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, 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 CIVIL PENALTY NOT TO EXCEED \$10,000.