

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1991

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:

NAME OF AGENCY: Marion County Hospital District
Munroe Regional Medical Center

RICHARD D. MUTARELLI
VICE PRESIDENT/FINANCE
LA **MARION COUNTY HOSPITAL DISTRICT**
131 SW 15TH STREET
M/ **OCALA, FL 32671**

LOCAL OFFICER _____ OFFICE OR POSITION HELD: _____
STATE OFFICER _____ OFFICE HELD: _____
SPECIFIED STATE EMPLOYEE _____ POSITION HELD: _____
Richard D. Mutarelli VP/Finance
CANDIDATE _____ OFFICE SOUGHT: _____

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INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.
FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
OTHER FORMS you may need to file are described on page 6.

PART A — PRIMARY SOURCES OF INCOME [Sources exceeding 5% of gross income] N/A

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

SUPERVISOR
 MAR 3 1992
 COUNTY OF MARION

PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON [Major customers, clients, etc.] N/A

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

PART C — REAL PROPERTY [Land, buildings] N/A

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] N/A

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES



PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts] N/A	
NAME OF CREDITOR	ADDRESS OF CREDITOR

PART F — GIFTS RECEIVED IN 1991 THAT WERE PROMISED BEFORE JANUARY 1, 1991 N/A		
NAME OF DONOR OF GIFT(S)	DONOR'S ADDRESS	DESCRIPTION OF THE DONOR'S PRINCIPAL BUSINESS ACTIVITY

PART G — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] N/A			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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			

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

SIGNATURE: *X Leo O. Mutaw* DATE SIGNED: May 11, 1992

FILING INSTRUCTIONS FOR FORM 1:

WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing. Note: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

WHERE TO FILE: A *local officer* files with the Supervisor of Elections of the county in which he or she permanently resides. A *state officer* or a *specified state employee* files with the Department of State, Room 1801, The Capitol, Tallahassee, Florida 32399-0250. A *candidate* files this form together with his or her qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

WHEN TO FILE: Initially, each *local officer*, *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. Thereafter, *local officers*, *state officers*, and *specified state employees* are required to file by July 1st following each calendar year they hold their positions. *Candidates* for publicly-elected state or local office must file at the same time they file their qualifying papers.

MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

NOTICE: UNDER PROVISIONS OF SEC. 112.317, FLORIDA STATUTES, A 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 \$5,000.