

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Schafer Paul Walter

MAILING ADDRESS:

7914 Go Cane Way

Fort Myers 33966 Lee

CITY: ZIP: COUNTY:

Heritage Palms Community Development Dist.

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Supervisor

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

10JUN2011 12:45N Lee Co FL

****BOTH PARTS OF THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):



DECEMBER 31, 2009

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS \$38,864.07

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
School Dist. Lee County	2855 Colonial Blvd Fort Myers, FL 33966	Education
Social Security		
AT&T Pension	P.O. Box 770 Arlington Heights IL	Telecommunications
Kohl's Dept. Store Pension	Northbrook IL 60067	Retail
PNC Bank Pension	P.O. Box 606 RTTeborg PA 15230	Banking

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Heritage Palms COO		10420 Washingtonia F.M., FL 33966	Golf Community

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	
See Attached IRA-Trust	

PART E — LIABILITIES [Major debts]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Visa Barclays Bank	P.O. Box 1337 Philadelphia, PA 19101-3337
USAA Credit Card	10750 McDermott Fwy San Antonio, TX 78280

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]
(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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 OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

SIGNATURE (required):

Paul W. Schaffer

DATE SIGNED (required):

June 21, 2018

FILING INSTRUCTIONS:

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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

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.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, 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 the appointment.

Candidates for publicly-elected local office must file at the same time they file the qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

Holdings IN IRA ACCOUNT	Shares
AMER TOWER CORP CL A	100
AT&T INC	150
BAXTER INTL INC	100
CELGENE CORP	50
PEPSICO INC	100
SCHLUMBERGER LTD NETHERLANDS ANTILLIES	50
TELEFONICA S A SPON ADR	55
VALE SA-SP SPON ADR	150
WALT DISNEY CO (HOLDING CO)	107
ISHARES INC MSCI BRAZIL (FREE)	65
ENTERPRISE PRODUCTS PARTNER LP	110
AMERICAN FUNDS BOND FUND OF AMERICA CLASS C	734.442
FT-FRANKLIN FLOATING	1912.594
GRANT PARK B SHARES	19.499
PIMCO ALL ASSETS ALL	1312.759
ISHARES TRUST S&P SMALLCAP 600 INDEX Fund	11
<u>VANGUARD REIT ETF (VNQ)</u>	18
<u>SIMON PPTY GROUP INC SBI (SPG)</u>	3
AMERICAN FUNDS GROWTH FUND OF	248.96
ARTISAN MID CAP VALUE FD INV	58.383
BLACKROCK U.S. OPPORTUNITIES A	32.433
BLACKROCK EQUITY DIVIDEND FUND A	430.234
LAZARD EMERGING MARKET PORTFOLIO	144.459
NUVEEN TRADEWINDS INTERNATIONAL	108.962
BLACKROCK INFLATION PROTECTED BOND A	311.685
FT TEMPLETON GLOBAL BOND A	307.147
FT-FRANKLIN FLOATING RATE DAILY ACCESS FUND CLASS A	371.96
JP MORGAN STRATEGIC INCOME OPPORTUNITIES CLASS A	365.329
MAINSTAY FUNDS HIGH YLD CORP BOND A	366.205
MFS EMERGING MARKETS BOND FUND CLASS A	70.24
PIMCO TOTAL RETURN FUND CLASS A	69+3.759
PIMCO UNCONSTRAINED BOND FUND CLASS A	303.353
<u>RS LOW DURATION BOND FUND A (RLDAX)</u>	646.84
PIMCO ALL ASSETS ALL AUTH-A	475.339
POWERSHARES DB MULTI SECTOR	46
SPDR GOLD TRUST	17
PIMCO COMMODITY REAL RETURN	191.473
JP MORGAN HIGHBRIDGE STAT MARKET	157.844
PIMCO STOCKPLUS TRUST SHORT	1027.564

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