

# FORM IX AMENDMENT TO STATEMENT OF FINANCIAL INTERESTS

(18)

LAST NAME - FIRST NAME - MIDDLE NAME  
(Same as on original Form 1):  
**SCHINDLER, THEODORE ROSSLEVELL II**

MAILING ADDRESS:  
**18141 Old Pelican Bay Drive**

**Fort Myers Bch, FL 33931**

CITY: ZIP: COUNTY:

◆ THIS FORM AMENDS THE (Choose one)

FORM 1 I FILED FOR THE YEAR: 2018-2017  
(Use a separate Form IX for each Form 1 you are amending.)

FORM 1F I FILED FOR THE PERIOD  
January 1, \_\_\_\_\_ THROUGH \_\_\_\_\_  
(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: EMS Fire District Seat 5

◆ WITH THIS GOVERNMENTAL AGENCY: Fort Myers Bch Fire district seat 5

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS      OR       DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Social Security	Soc Security	Pension
USAF Retirement	USAF/DOD	Pension

**PART B -- SECONDARY SOURCES OF INCOME**  
(Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions)  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
T. R. Schindler II	Financial Planning	Quasar Capital 5701 Golden Hills Dr, Mima, FL 3346	Security Sider

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

**18221 Old Pelican Bay Dr, Fort Myers Beach, FL**

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stocks bonds, Investments	Self Directed IRA
Annuities	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Fifth Third (A/ELOC)	PO Box 740778, Cincinnati, OH 45274

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	T R Schindler II	
ADDRESS OF BUSINESS ENTITY	Home address	
PRINCIPAL BUSINESS ACTIVITY	Financial Planning	
POSITION HELD WITH ENTITY	Owner/Sole Proprietor	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
NATURE OF MY OWNERSHIP INTEREST	100% Sole Proprietor	

**PART G — TRAINING**  
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**PART H — EXPLANATION OF CHANGES**

omitted Memo of Calculating Reportable Interests, Added Intangible ownership, Added address to Section B + E. Removed disability tax-free pension

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

**SIGNATURE OF FILER:**

Signature: \_\_\_\_\_

Date Signed: 9/26/18

**CPA or ATTORNEY SIGNATURE ONLY**

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**FILING INSTRUCTIONS:**

Return the form to the location where you filed the Form 1 or 1F that you are seeking to amend.

**Local officers** 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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees'** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd. Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method.

**Candidates** should have filed their Form 1 together with their qualifying papers.

**QUESTIONS:**  
About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Bldg E, Ste 200, Tallahassee, FL 32303; telephone (850) 488-7864.