FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2017

| (TO BE FILED WITHIN 60 D | DAYS OF LEAVING P | UBLIC OFFICE OR | EMPLOYMENI) | |
|---|--|---|---|--|
| LAST NAME - FIRST NAME - MIDDLE NAME: | | OF REPORTING PERSON'S | | |
| Schwinski James Ha | drew | 50/1 | 7. | |
| MAILING ADDRESS: 611 96 /4h Street U | | | (see "Who Must File" on page 3): | |
| Cape Coval FL 33940 | COUNTY: LIST | SPECIFIED STATE EMI OFFICE OR POSITION HELD: | | |
| CITY: ZIP: | | |]HDS | |
| 3 | | ICT DE COMPLETER*** | 승 · | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTER OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WI MANNER OF CALCULATING REPORTABLE IN FILERS HAVE THE OPTION OF USING REPORT CALCULATIONS, OR USING COMPARATIVE THRES details). PLEASE STATE BELOW WHETHER THIS S COMPARATIVE (PERCENTAGE) THR | HICH DATE WAS <u>OCFOB</u> NTERESTS: TING THRESHOLDS THAT A SHOLDS, WHICH ARE USUAL TATEMENT REFLECTS EITHER | RE ABSOLUTE DOLLAR VALY BASED ON PERCENTAGE | THE LAST DATE I HELD THE PUBLIC D17. (Date must be prior to 12/31/17) | |
| COMPARATIVE (PERCENTAGE) THR | 2011-012-01 | | | |
| PART A PRIMARY SOURCES OF INCOME [(If you have nothing to report, write "no | Major sources of income to the one" or "n/a") | | | |
| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| KARINECVING & DESIGN CONSUltants Inc | | | | |
| | 11 SE 1/+4 5to | | vil Engineer | |
| | Cape Cord F | 2 33990 | | |
| | | | | |
| 46 | | | | |
| PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") | | | | |
| NAME OF NAME OF | MAJOR SOURCES SINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| . // | | | | |
| | | | | |
| | | | | |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") | | | NG INSTRUCTIONS for when where to file this form are steed at the bottom of page 2. | |
| 611 SE 1/44 Stret, Cope land FL 33950 | | | TRUCTIONS on who must file form and how to fill it out in on page 3 of this packet. | |
| | | | | |

| | | | A | |
|---|---|---|-----------------------|--|
| PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none | | cates of deposit, etc See | instructions] | |
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | |
| 1 I I I I I I I I I I I I I I I I I I I | BOOMESO ENTER TO WHICH THE THE THE | | | |
| NA | | | | |
| | | | | |
| PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none | | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | |
| | | | | |
| W D | | | | |
| | | | | |
| (If you have nothing to report, write "none" 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 | " or "n/a") BUSINESS ENTITY # 1 | | BUSINESS ENTITY # 2 | |
| IF ANY OF PARTS A THROUGH F ARI | E CONTINUED ON | A SEPARATE SHE | ET, PLEASE CHECK HERE | |
| SIGNATURE OF FILER: Signature: Date Signed: | | 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, | | |
| 1/20/20/8 | | Date Signed | | |

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

FILING INSTRUCTIONS:

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

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

NOTE:

If you are leaving office or employment during the first half of 2017, you may not have filed Form 1 for 2016. In that case, this is not the last form you will file. Form 1F covers January 1, 2017, through your last day of office or employment. You will be required to file Form 1 for 2016 by July 1, 2017, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.