FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2023

(TO BE FILED W	THIN	60 DAYS OF LEAV	ING PUBLI	C OFFIC	CE OR	EMPLOYMENT)	
LAST NAME — FIRST NAME — MIDDLE NAME:			NAME OF REF	PORTING PE	RSON'S A	GENCY:	
SCHMITT, DAVID WALTER			CITY O	F SAL	IBEL	PUBLIC WORKS	
MAILING ADDRESS:			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
11031 ORAHGEWOOD DRIVE			LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: CITY OF SAUIBEL - LIMITERIM PUBLIC WOULD DIR.				
CITY: ZIP: COUNTY: BOHITA SPRINGS 34135 LIEE							
	MEDICAL					and the second second second second	
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2023 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS							
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 SOURCE'S DESCRIPTION OF THE SOURCE'S							
OF INCOME		ADDRESS			PRINCIPAL BUSINESS ACTIVITY		
HOLE MONTES & ASSOC.		950 ENCORE WAY, HAPLES			EHOIKEERING (1)		
		34110			$\Delta \perp$	PTT	
				E S M	/ \L	• e	
				01	1	T	
				Total Base			
		er sources of income to busines	esses owned by reporting person - Se ADDRESS OF SOURCE		on - See ins	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
HOLE MONTES	Stoc	ICHOLDER	950 EHC	ORE W	JAY		
			NAPLES, FL. 34		110		
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
NIA					INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.		

PART D — INTANGIBLE PERSONAL PROPERTY [Storement of the content of	cks, bonds, certificates of deposit, etc See "n/a")	instructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
SEE ATTACHED LISTING.					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or	"n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
N/A					
		and the second of the second o			
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none" or "	27 and a control of the control of t	usinesses - See instructions]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	NIV				
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 CO	ONTINUED ON A SEPARATE SHE	T PLEASE CHECK HERE			
SIGNATURE OF FILER: Signature: Date Signed:	If a certified public ac attorney in good stan for you, he or she mul, the CE Form 1 in a Statutes, and the ins knowledge and belief CPA/Attorney Signatu	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,			

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.

WHERE TO FILE:

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

FILING INSTRUCTIONS:

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method.

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 2023, you may not have filed Form 1 for 2022. In that case, this is not the last form you will file. Form 1F covers January 1, 2023, through your last day of office or employment. You will be required to file Form 1 for 2022 by July 1, 2023, 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.

Form 1 for David W Schmitt,

part D, Intangible property

Type of Intangible

Business entity to which property relates

Mutual funds, EFTs, cash

IRA at Charles Schwab

Mutual funds, EFTS, cash

Roth IRA at Charles Schwab

EFTs, cash

brokerage account at Charles Schwab

Stock, bond funds, cash

brokerage account at Huntleigh

Mutual funds

401 K at Nationwide

Checking and savings

Power Financial credit union

Money market account

ALLY bank

BOILTA SPELLUS, FC.

FT MYERS FL 339

LEE COUNTY SUPERVISOR ELECTIONS

PO. BOX 2545 FURS MYERS, FL. 33902-2545

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