FORM 1	STATEM	STATEMENT OF		2016	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	S	FOR OFFICE USE ONLY:	
LAST NAME – FIRST NAME – MIDDL Schneider James David	E NAME :		<del></del>		
MAILING ADDRESS : 1834 se 5th Street				177]	
CITY:	ZIP: COUNTY:			17JUN27#1246 SDE Lee Co F	
	ZIP: COUNTY: 33990 Lee	Ī		当 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME OF AGENCY: Planning and Zoning Commission					
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Planning and Zoning Commissioner				ا بيز	
You are not limited to the space on the lir		ets, if necessary.	,	රි	
_ '	OR NEW EMPLOYEE OR	•	6/26	<u> </u>	
**** 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 (must check one):					
DECEMBER 31, 20	<del></del>	TY TAX YEAR IF OTHER TH	AN IHE C	ALENDAR YEAK:	
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):					
•	ERCENTAGE) THRESHOLDS		LAR VALU	JE 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		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
REMAX Trend, Inc.	1715 Cape Coral Pkwy, ι	1715 Cape Coral Pkwy, unit 14 CC FL 33914		Real Estate Sales	
Homes In The Sunshine, LLC.	5208 Calusa Ct CC FL 33	5208 Calusa Ct CC FL 33904		Real Estate Rental Income	
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 "r/a")					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
NONE					
PART C — REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				G INSTRUCTIONS for when where to file this form are	
1834 se 5th Street, Cape Coral, FL 33990			locate	ed at the bottom of page 2.	
5208 Calusa Court, Cape Coral, FL 33904			this f	RUCTIONS on who must file orm and how to fill it out on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [St (if you have nothing to report, write "nor	ocks, bonds, certificales of deposit, etc See in	structions	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
none			
		<u>-</u>	
PART E — LIABILITIES [Major debts - See instruction (if you have nothing to report, write "nor			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
Mortgage - Crongeyer	2313 nw 36th Place, Cape Coral, FL 33993		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none		sinesses - See instructions] BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY	5208 Calusa Ct CC FL 33904		
PRINCIPAL BUSINESS ACTIVITY	Seasonal Rental Properties	7.J	
POSITION HELD WITH ENTITY	President	丙	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		72	
NATURE OF MY OWNERSHIP INTEREST	55%	157	
PART G — TRAINING For elected municipal officers required to complete ar  I CERTIFY THAT I	nnual ethics training pursuant to section 112,314  HAVE COMPLETED THE REG	سم	
IF ANY OF PARTS A THROUGH G AR	E CONTINUED ON A SEPARATE SHE	EET, PLEASE CHECK HERE	
SIGNATURE OF FILE Signature:  Ans Discharge  Ans Di	If a certified public acc in good standing with the she must complete the she she must complete the she must c		
	FILING INSTRUCTIONS:		
WHAT TO FILE:	HERE TO FILE:	WHEN 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, write "none" or "n/a" in that section(s).

## NOTE:

**MULTIPLE FILING UNNECESSARY:** 

A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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 their appointment. Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.