FORM 1			MENT OF		2017
Please print or type your name, mailing address, agency name, and position be	····	ANCIAI	L INTEREST	.'S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME M Schneider, James, David	IDDLE NAME :				
MAILING ADDRESS: 1834 se 5th Street					
CITY: Cape Coral	ZIP: 33990	COUNTY: 33990		ير آ	
NAME OF AGENCY: Planning and Zoning Comr					AUG 2 2 2018
NAME OF OFFICE OR POSITION Commissioner		:		•	ervisor of Elections ee County, Florida
You are not limited to the space on t				760	•
		EW EMPLOYEE O		266	
THIS STATEMENT REFLECTS Y YEAR OR ON A FISCAL YEAR. EITHER (must check one):	YOUR FINANCIAL IN PLEASE STATE BE	NTERESTS FOR ELOW WHETHER	R THIS STATEMENT IS FOI	EAR, WHE OR THE PE	ETHER BASED ON A CALENDAR RECEDING TAX YEAR ENDING
DECEMBER 31			CIFY TAX YEAR IF OTHER T	THAN THE	E CALENDAR YEAR:
for further details). CHECK THE	USING REPORTING DMPARATIVE THRES ONE YOU ARE USI	G THRESHOLDS ESHOLDS, WHICH SING (must check	k one):)LLAR VA ON PERC	ALUES, WHICH REQUIRES FEWER CENTAGE VALUES (see instructions
	E (PERCENTAGE)				LUE THRESHOLDS
PART A PRIMARY SOURCES OF (If you have nothing to	F INCOME [Major so report, write "none"	urces of income to	the reporting person - See ir	nstructions	ş]
NAME OF SOURCE OF INCOME		AD	DURCE'S DDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
REMAX Trend	1715 Car	pe Coral Pkw	vy, #14-16 CC FL 339		
	_				
PART B SECONDARY SOURCE [Major customers, clients	S OF INCOME	to busine	· · · · vadina	<u></u>	
(ii you have nothing to	report, write none.	" or "n/a")	esses owned by the reporting p	person - Se	ee instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJO OF BUSINES	OR SOURCES OS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Homes In The Sunshine, LLC				-	
PART C REAL PROPERTY [Land	d. buildings owned by	the reporting person	See instructions		
(ii you have nothing to re	report, write "none" o	or "n/a")	11 - Odd IIIau addonaj	💶 and v	NG INSTRUCTIONS for when where to file this form are
834 se 5th Street, Cape Coral, FL 33990					ted at the bottom of page 2. FRUCTIONS on who must file
				this	form and how to fill it out n on page 3.
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TYPE OF INTANGIBLE	one" or "n/a")			
CD	Real Estate	WHICH THE PROPERTY RELATES		
	Trous Estate			
PART E — LIABILITIES [Major debts - See instruction				
(If you have nothing to report, write "no	onsj one" or "n/a")			
NAME OF CREDITOR	1 ADDRES	SS OF OPENITOR		
Mercedes Benz Finance	ADDRES	ADDRESS OF CREDITOR		
PART F INTERESTS IN SPECIFIED DUCINESSES				
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "non	e or ilia j	inesses - See instructions]		
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1 Homes In The Sunshine, LLC	BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY	1834 se 5th Street Cape Coral FL 33990			
PRINCIPAL BUSINESS ACTIVITY	Real Estate Rental Properties			
POSITION HELD WITH ENTITY	President			
OWN MORE THAN A 5% INTEREST IN THE BUSINES				
NATURE OF MY OWNERSHIP INTEREST	Shared			
PART G — TRAINING	Shared			
PART G — TRAINING For elected municipal officers required to complete a	Shared nnual ethics training pursuant to section 112.3142.	F.S.		
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PART G — TRAINING For elected municipal officers required to complete a I CERTIFY THAT	Shared nnual ethics training pursuant to section 112.3142. HAVE COMPLETED THE REQU	JIRED TRAINING.		
For elected municipal officers required to complete a I CERTIFY THAT IF ANY OF PARTS A THROUGH G AR	Shared nnual ethics training pursuant to section 112.3142, HAVE COMPLETED THE REQUE E CONTINUED ON A SEPARATE SHEI	JIRED TRAINING. ET, PLEASE CHECK HERE		
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PART G — TRAINING For elected municipal officers required to complete a I CERTIFY THAT IF ANY OF PARTS A THROUGH G AR SIGNATURE OF FILE Signature: James D. Schneider Date Signed:	Shared The section 112.3142, the section 11	DRNEY SIGNATURE ONLY untant licensed under Chapter 473, or attorney e Florida Bar prepared this form for you, he or collowing statement: prepared the CE ith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the and correct.		
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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.) 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

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 32322 To file with the Commission by another series. 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. Form 6s will not be accepted via email.

is not required to file with the Commission or Supervisor of Elections.

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 their appointment.

Candidates must file at the same time they file their qualifying

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, 2017.