FORM 1		STATEM	IENT OF		2021
Please print or type your name, mailing address, agency name, and position belo	ow:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIL	DDLE N	AME:			
Schwartz, Jack Abraham MAILING ADDRESS:					
1165 SW 5th Ave					
		Manager and the second			
CITY: Cape Coral		ZIP: COUNTY: 991 Lee			
NAME OF AGENCY :))i Lee			
City of Cape Coral Constru	ction	Regulation Board			
NAME OF OFFICE OR POSITION Board Member	HELD (DR SOUGHT :			
CHECK ONLY IF CANDIDAT	E OF	R NEW EMPLOYEE OF	R APPOINTEE		
	****	THIS SECTION MUS	ST BE COMPLETED) ****	
DISCLOSURE PERIOD:		-			
THIS STATEMENT REFLECTS	YOUR	FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DE	CEMBER 31, 2021.
MANNER OF CALCULATIN					
FILERS HAVE THE OPTION OF FEWER CALCULATIONS, OR					
(see instructions for further deta				LIBAGE	DON'T ENGLISTAGE VALUES
COMPARATIVE	(PER	CENTAGE) THRESHOLDS	OR ✓ DOLL	AR VALU	JE THRESHOLDS
PART A PRIMARY SOURCES O (If you have nothing to		• •	the reporting person - See inst	ructions]	
NAME OF SOURCE OF INCOME			URCE'S DRESS		SCRIPTION OF THE SOURCE'S
NCS Electric, Inc.	**************************************	1749 NE 10th Terr. Ca			cal Contractor
TVCS Electric, Inc.		1747 IVE Total Tell. Co	ape Corai, 33707	Licetife	car contractor
	····				
. ,	s, and o	ICOME ther sources of income to busine write "none" or "n/a")	sses owned by the reporting pe	erson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME		ADDRESS I OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Capones Family Restaura	Distri	butions	2225 First St Fort My	ers Fl	Restaurant
entrans and the second of the					
PART C REAL PROPERTY [Lan (If you have nothing to			on - See instructions]	lines o	e not limited to the space on the in this form. Attach additional
832 SW 4th St Cape Coral					, if necessary.
1765 NE 10th Terrace Cap	e Cora	ıl		and w	3 INSTRUCTIONS for when here to file this form are d at the bottom of page 2.
				this fo	UCTIONS on who must file orm and how to fill it out on page 3.

TYPE OF INTANGIBLE	BUSINES	S ENTITY TO W	HICH THE PROPERTY RELATES	
Stocks	Merrill Lynch			
Retirement Accounts	Capital Group / American funds and Principal			
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nothing to report, write")	ns] ne" or "n/a")			
NAME OF CREDITOR		ADDRESS OF CREDITOR		
Achieva Credit Union	P.O. Box 1500 Dunedin, FL 34697			
Merrill Lynch	1819 Main St 12th FL, Sarasota, FL 34236			
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINES NATURE OF MY OWNERSHIP INTEREST PART G — TRAINING For elected municipal office agency created under Part III, Chapter 163 required to	rs, appointed school superintende o complete annual ethics training p	ursuant to sectio	n 112.3142, F.S.	
	I HAVE COMPLETED RE CONTINUED ON A SEP		ET, PLEASE CHECK HERE	
IF ANY OF PARTS A THROUGH G AF	# ***	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,		
SIGNATURE OF FIL Signature:	If a cer in good she mu I, Form 1	standing with the ust complete the the the the the the the the the	e Florida Bar prepared this form for you, he or ollowing statement: Massic Reilly CPAS, prepared the Club Section 12.3145, Florida Statutes, and the	

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

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 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. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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.

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 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, 2021.