FORM 1	STATEMENT OF		2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERES	STS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE	NAME:		•	
Schwartz Rob MAILING ADDRESS:	ert I			
	. 7 6 1/6			
14600 Merav	i Drive	٠		
Bonita Springs	zip: county: 34135 FF1d			
NAME OF AGENCY:				
Parklands Lee Cou				
Supervisor				
CHECK ONLY IF 🔲 CANDIDATE	OR NEW EMPLOYEE OR APPOINTEE		·	
**	*** THIS SECTION MUST BE COMPL	ETED **	**	
DISCLOSURE PERIOD:				
THIS STATEMENT REFLECTS YOU	JR FINANCIAL INTERESTS FOR CALENDAR YEA	AR ENDING	3 DECEMBER 31, 2019.	
MANNER OF CALCULATING F	REPORTABLE INTERESTS:			
8	SING REPORTING THRESHOLDS THAT ARE ABSO		· ·	
The state of the s	NG COMPARATIVE THRESHOLDS, WHICH ARE L CHECK THE ONE YOU ARE USING (must check		BASED ON PERCENTAGE VALUES	
l ` ,	•	•	VALUE THRESHOLDS	
	,			
(If you have nothing to repo	COME [Major sources of income to the reporting person - { vrt, write "none" or "n/a")	see instruction	onsj	
NAME OF SOURCE	SOURCE'S	1	DESCRIPTION OF THE SOURCE'S	
OF INCOME	ADDRESS		PRINCIPAL BUSINESS ACTIVITY	
Windstream Communication	s Little ROCK AX	To	elecom Services	
Link Associates	Bonita Springs, FL	-	ele com Services	
Link Associates Social Security				
			: ;	
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 "n/a")				
NAME OF	NAME OF MAJOR SOURCES ADDRES	e e	PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME OF SOUR		ACTIVITY OF SOURCE	
N/A				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")		li	ou are not limited to the space on the nes on this form. Attach additional heets, if necessary.	
			•	
	***	а	ILING INSTRUCTIONS for when not where to file this form are ocated at the bottom of page 2.	
			NSTRUCTIONS on who must file	
			nis form and how to fill it out egin on page 3.	

PART D INTANGIBLE PERSONAL PROPERTY (Stocks,	bonds, certificates of deposit, etc See instructions]			
(If you have nothing to report, write "none" or TYPE OF INTANGIBLE	r "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
Stock Trust o IRA Accts. 7	D Ameritrade			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or	r "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Regions Bank 1	Vaples, FL			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Own- (If you have nothing to report, write "none" or "	rership or positions in certain types of businesses - See instructions] "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2			
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				
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.				
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY			
Signature:	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:			
Ant I Self	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.			
Date Signed: V	CPA/Attorney Signature:			
7/01/2000	Date Signed:			
FILING INSTRUCTIONS:				

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, 2019.