FORM 1	STATEMENT OF				2012	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	ESTS		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MIDDLE NAM SCHWARZ JAYNE E	E: LLEN			_		
MAILING ADDRESS: 20857 WHEELOCK DRIVE	ł					
	: COUNTY:					
NORTH FORT MYERS 3						
NAME OF AGENCY: HERONS GLEN RECREATION	l		V			
NAME OF OFFICE OR POSITION HELD OR SUPERVISOR			, G			
You are not limited to the space on the lines on the	his form. Attach additional sheets	, if лесеssarv.				
CHECK ONLY IF CANDIDATE OR						
**** 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, 2012	OR SPECIFY	TAX YEAR IF OTH	IER THAN	THE CA	LENDAR YEAR:	
MANNER OF CALCULATING REPORTABL THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR U (see instructions for further details). CHECK	OPTION OF USING REPORT JSING COMPARATIVE THRE	SHOLDS, WHICH.	S THAT AR ARE USUA	E ABSO LLY BA	OLUTE DOLLAR VALUES, WHICH SED ON PERCENTAGE VALUES	
XX COMPARATIVE (PERCEN	ITAGE) THRESHOLDS	OR U	DOLLAR V	/ALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			CRIPTION OF THE SOURCE'S	
OFFICE OF PERSONNEL MGMT	BOYERS PA	PRINCIPAL BUSINESS ACTIVITY FED CIVIL SVC RETIREMENT				
FIDELITY IRA SVCS	JERSEY CITY NJ		- 	IRA DISTRIBUTION		
PART B - SECONDARY SOURCES OF INC [Major customers, clients, and othe (If you have nothing to report, w	r sources of income to business	ses owned by the re	parting pers	on - See	instructions)	
· · · · · · · · · · · · · · · · · · ·	E OF MAJOR SOURCES ADDR F BUSINESS' INCOME OF SO					
NONE						
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")				FILING INSTRUCTIONS for when and where to file this		
NONE				form are located at the bottom of page 2.		
				file th	UCTIONS on who must is form and how to fill it egin on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]								
(If you have nothing to report, you must write "none" or "n/a")								
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
US SAVINGS BONDS		US GOVERNMENT						
IRA - ANNUITY		MET LIFE (CONVERSION OF THRIFT SVGS FROM PRIOR FILING)						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, you must write "none" or "n/a")								
NAME OF CREDIT	OR	ADDRESS OF CREDITOR						
N/A								
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, you must write "none" or "n/a")								
	BUSINESS E	NTITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY#3				
NAME OF BUSINESS ENTITY	N/A			<u> </u> 8				
ADDRESS OF BUSINESS ENTITY		-		Ì				
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 CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required):			DATE SIGNED (required):					
Japa Schwar			6/1/13					

<u>FILING INSTRUCTIONS:</u>

WHAT 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, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-2545



