

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

WARD, ROBERT J.

MAILING ADDRESS :

1342 COLONIAL BLVD #31

CITY: ZIP: COUNTY:

FT. MYERS FL 33907 LEE

NAME OF AGENCY :

EXECUTIVE REGULATORY DIVERSITY COMMITTEE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MEMBER

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

\*08JUL18PM0551 SDE L&E Co-F1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**\*\*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 (check one):

DECEMBER 31, 2007 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SPECTRUM ENGINEERING, INC.	1342 COLONIAL BLVD #31 FM 33907	ENGINEERING
THE FANDIA CO.	" "	INVESTMENT HOLDING
UNIT 31, KEY WEST P.C.	" "	OFFICE FOR RENT
UNIT 30, KEY WEST P.C.	" #30 "	OFFICE FOR RENT

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
SPECTRUM ENGINEERING	SEE ATTACHED		
THE FANDIA CO.	KNOXLEWALKERS UNITED	465 E. 15TH AVE EUGENE, OR 97401	STOCK INVESTMENT CLUB
UNIT 31, KEY WEST P.C.	SPECTRUM ENGINEERING	1342 COLONIAL BLVD #31 FM, FL 33907	ENGINEERING
UNIT 30, KEY WEST P.C.	THOMAS FAATZ	1342 COLONIAL BLVD #30 FM, FL 33907	FINANCIAL SERVICES

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]

OFFICE CONDO AT 1342 COLONIAL BLVD #30, F.M. FL 33907
OFFICE CONDO AT 1342 COLONIAL BLVD #31 F.M. FL. 33907
VACANT 2.7 AC AT (1057) BRAHMA RD, FT. MYERS FL 33905

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**OTHER FORMS** you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

~~ORANGE BANK~~  
~~CERTIFICATE OF DEPOSIT~~  
~~COMMERCIAL BANK OF S.W. FL.~~  
~~CHECKING & SAVINGS ACCOUNTS~~  
~~COMMERCIAL BANK OF S.W. FL.~~  
~~CHECKING & SAVINGS ACCOUNTS~~

SPECTRUM ENGINEERING, INC  
 SPECTRUM ENGINEERING, INC.  
 PERSONAL

**PART E — LIABILITIES** [Major debts]  
 NAME OF CREDITOR

ADDRESS OF CREDITOR

BANK OF AMERICA  
~~COMMERCIAL BANK OF S.W. FL.~~

P.O. Box 11848, GREEENSBORO, NC, 27420  
 1520 ROYAL PALM SQUARE BLVD STE 100 F.W. FL. 33919

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

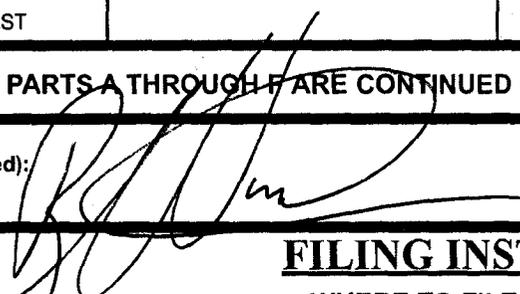
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):



7/16/18

**FILING INSTRUCTIONS:**

**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).

Facsimiles will not be accepted.

**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; physical address: 3600 Maclay Blvd. South, Suite 201, Tallahassee, FL 32312.

**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.

**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.

Attachment to Part B, secondary sources of income

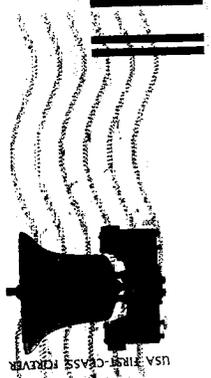
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Spectrum Engineering, Inc.	Diocese of Venice	1000 Pinebrook Rd. Venice, Florida 34292	Non-profit religious organization
Spectrum Engineering, Inc.	Estero Bay Hotel Company	416 Crescent Street Fort Myers Beach, FL 33931	Hotel/motel
Spectrum Engineering, Inc.	Treasure Chest Storage Condos of Ft Myers	P.O. Box 5846 Dayton Ohio 45405	Development of storage condo

\*08JUL19PM0551 SOE Lee Co FI

**Robert J. Harrington**  
**Supervisor of Elections**  
**LEE COUNTY**  
CONSTITUTIONAL COMPLEX  
P.O. BOX 2545  
FORT MYERS, FLORIDA 33902

SUPERVISOR OF ELECTIONS  
P.O. BOX 2545  
FORT MYERS FL 33902-2545

FORT MYERS FL 33902  
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