

# 2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/25/2025

## General Information

Name: Ms Arlene R Schwartz

PID 2322

## AGENCY INFORMATION

| Organization | Suborganization                | Title        |
|--------------|--------------------------------|--------------|
| Margate      | Community Redevelopment Agency | Board Member |
| Margate      | Mayor And City Commission      | Mayor        |

## Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

## Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)  
(If you have nothing to report, write "none" or "n/a")

| Name of Source of Income     | Source's Address                          | Description of the Source's Principal Business Activity |
|------------------------------|---|---|
| FRS                          | P.O. Box 3096 Tallahassee, FL             | Pension   |
| Social Security              | 1 Jamaica Center Plaza Jamaica, NY        | Pension   |
| Third Federal Savings & Loan | 7007 Broadway Ave. Cleveland, OH 44105    | Bank  |
| Flagstar Bank N.A.           | 102 Duffy Ave. Hicksville, NY 11801       | Bank  |
| Equitable Insurance Company  | 100 Madison St. Syracuse, NY              | Insurance   |
| Fifth Third Bank NA          | Fifth Third Center Cincinnati, Ohio 45263 | Bank  |

**Secondary Sources of Income**

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|---|-------------------|---------------------------------------|
| N/A                     |   |                   |                                       |

**Real Property**

REAL PROPERTY (Land, buildings owned by the reporting person)  
(If you have nothing to report, write "none" or "n/a")

| Location/Description |
|----------------------|
| N/A                  |

**Intangible Personal Property**

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)  
(If you have nothing to report, write "none" or "n/a")

| Type of Intangible           | Business Entity to Which the Property Relates  |
|------------------------------|--|
| Annuity                      | Equitable                                      |
| Bank Accounts                | Fifth Third Bank N.A , Flagstar Bank N.A       |
| Bank Accounts                | Brightstar Credit Union, Third Federal Savings |
| Brokerage Account            | Charles Schwab                                 |
| Fid Free Index 2025 Inst Prm | Nationwide                                     |

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### Liabilities

LIABILITIES (Major debts valued over \$10,000):  
(If you have nothing to report, write "none" or "n/a")

| Name of Creditor | Address of Creditor |
|------------------|---------------------|
| N/A              |                     |

### Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)  
(If you have nothing to report, write "none" or "n/a")

#### Business Entity # 1

|     |
|-----|
| N/A |
|-----|

### Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

I certify that I have completed the required training under Section 112.3142, F.S.  
 Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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**Signature of Filer**

***Arlene R Schwartz***

Digitally signed: **06/25/2025**

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