FORM 1

STATEMENT OF FINANCIAL INTERESTS

2016

Please print or type your name, mailing address, agency name, and position below	ow:	FINANCIAL	INTEREST		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME MI							
Cluck Shara	1	Lynn					
MAILING ADDRESS: STR	ret	5W					
wasebeese	100	2 8					
CITY:	7 7 7 7 7	ZIP: COUNTY:	ration.		Two: Sec		
Lehigh Heres &	33	3976 Lee			AAV		
20/20 Conservation	Land		saldship				
NAME OF OFFICE OR POSITION HELD OR SOUGHT:							
Committee Newber							
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.							
CHECK ONLY IF CANDIDAT	TE OR	NEW EMPLOYEE OF	RAPPOINTEE				
**** BO	TH PA	ARTS OF THIS SEC	TION MUST BE CO	MPLE1	ED ****		
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):		o w w = Delow w = memer	THIS SIXTEMENT IS FOR	11121110	OLDING TAX TEAK ENDING		
DECEMBER 31, 2016 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:							
MANNER OF CALCULATING REPORTABLE INTERESTS:							
FILERS HAVE 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). CHECK THE	ONE YO	U ARE USING (must check	one):	VI LIXOLI	TAGE VALUES (See Instructions		
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]							
(If you have nothing to	report, w	vrite "none" or "n/a")					
NAME OF SOURCE OF INCOME		SOURCE'S		DESCRIPTION OF THE SOURCE'S			
		the state of the s		RINCIPAL BUSINESS ACTIVITY			
Land Solutions, I.	nc.	10 111 SIXM. 12 CYDRESS PRANY		Real Estate Beoken FIRM			
	FORT MIGELS, FC 33746				SIGIE DESIGN FIRM		
		Foet	Myees, FL 33966	18.00	SIGN FIRM		
		FORM	Myees, FL 33966		SINIC DESIGN FIRM		
		Fort	Myces, FL 33966		SINIC DOOR FIRM		
	s, and oth	COME ner sources of income to busines					
[Major customers, clients (If you have nothing to	s, and oth report, v	COME ner sources of income to busines write "none" or "n/a")	sses owned by the reporting p		e instructions]		
[Major customers, clients	s, and oth report, v	COME ner sources of income to busines					
[Major customers, clients (If you have nothing to NAME OF	s, and oth report, v	COME ner sources of income to busines write "none" or "n/a") ME OF MAJOR SOURCES	sses owned by the reporting po		instructions] PRINCIPAL BUSINESS		
[Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	s, and oth report, v	COME ner sources of income to busines write "none" or "n/a") ME OF MAJOR SOURCES	sses owned by the reporting po		instructions] PRINCIPAL BUSINESS		
[Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	s, and oth report, v	COME ner sources of income to busines write "none" or "n/a") ME OF MAJOR SOURCES	sses owned by the reporting po		instructions] PRINCIPAL BUSINESS		
[Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	s, and oth report, v NAI	COME ner sources of income to busines write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	sses owned by the reporting possess owned by the reporting possess of ADDRESS OF SOURCE	erson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
[Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	s, and oth report, v NAI	COME ner sources of income to busines write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	sses owned by the reporting possess owned by the reporting possess of ADDRESS OF SOURCE	erson - See	PRINCIPAL BUSINESS ACTIVITY OF SOURCE G INSTRUCTIONS for when there to file this form are		
[Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	s, and oth report, v NAI	COME ner sources of income to busines write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	sses owned by the reporting possess owned by the reporting possess of ADDRESS OF SOURCE	FILING and wo	PRINCIPAL BUSINESS ACTIVITY OF SOURCE G INSTRUCTIONS for when there to file this form are ed at the bottom of page 2.		
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[Major customers, clients (If you have nothing to NAME OF BUSINESS ENTITY	s, and oth report, v NAI	COME ner sources of income to busines write "none" or "n/a") ME OF MAJOR SOURCES OF BUSINESS' INCOME	sses owned by the reporting possess owned by the reporting possess of ADDRESS OF SOURCE	FILING and wolocate INSTF	PRINCIPAL BUSINESS ACTIVITY OF SOURCE G INSTRUCTIONS for when there to file this form are at at the bottom of page 2.		

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non		s of deposit, etc See in	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
N/A						
			1			
PART E LIARUITIES MASS LIVES OF THE						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non			s years Air ago			
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Navient	P.O. Box 9533 Wilkes-Barre, PA 18773-9533 10750 Mc Dermott Freeway San Antonio, IX 38000					
USAR	10750 MG De	RMOH FREEWAY	San Antonio, IX			
PART F — INTERESTS IN SPECIFIED BUSINESSES. [(If you have nothing to report, write "none"	Ownership or position or "n/a")	5				
NAME OF BUSINESS ENTITY 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						
PART G — TRAINING For elected municipal officers required to complete and	nual ethics training pur	suant to section 112.3142	2, F.S.			
I CERTIFY THAT I	HAVE COMPL	ETED THE REQ	UIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE OF FILE	R:	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:					
Date Signed:	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.					
7/3/17		CPA/Attorney Signature: Date Signed:				
FILING INSTRUCTIONS:						
TILLING 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, write "none" or "n/a" in that section(s).

NOTE

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.

Facsimiles will not be accepted.

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

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

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, 2016.