FORM 1	STATEN	IENT OF	2000
FINANCIAL INTERESTS			
LAST NAME - FIRST NAME - MIDDLE NAM HARRINGTON, SHAR		NAME OF REPORTING PE LEE COUNT OF ELEC	y SUPERVISOR
MAILING ADDRESS: 1436 LYNWOOD	RUE	CHECK ONE OF THE FOLI	OWING (see "Who Must File" on page 3):
		LOCAL OFFICE	ER STATE OFFICER
CITY: ZIP: FORT MYERS 3390	COUNTY:	LIST OFFICE OR POSITION	
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):			
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	[Major sources of income to th SOUR(ADDR	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SUPERVISOR OF ELECT.	PO BOX 254.	5 FM 33902	ELECTIONS
	ME [Major customers, clients, a IE OF MAJOR SOURCES BUSINESS'S INCOME	and other sources of income to ADDRESS OF SOURCE	businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
/ <i>H</i>			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for when and where to file this form a located at the bottom of page 2. Image: Shoil of Table Image: Shoil of Table Shoil of Table Shoil of Table Image: Shoil of Table Image: Shoil			

PART D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE	[Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
k/ /			
N / H			
/			
PART E — LIABILITIES [Major debts]			
NAME OF CREDITOR	ADDRESS OF CREDITOR		
<u> </u>			
	ES [Ownership or positions in certain types of businesses]		
NAME OF	S ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3		
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS	10		
POSITION HELD WITH ENTITY I OWN MORE THAN A 5%			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE: DATE SIGNED: 5-23-01			
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.	 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 file with the Supervisor of Elections of the county in which you permanently regide of the use of the angle of t		

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

Thereafter, local officers, 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, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

NOTE: MULTIPLE FILING UNNECES-SARY:

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. Local officers file with the Supervisor of Elections of the county in which you 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 your qualifying papers.

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