FORM 1	STATEM	IENT OF		2017
Please print or type your name, mailing address, agency name, and position below:	<b>FINANCIAL</b>	INTERESTS	Г	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDD Sanchez Cindy Marie	LE NAME :		_	
MAILING ADDRESS : 113 Airview Ave				
CITY : Lehigh Acres	ZIP : COUNTY : FL 33936			
NAME OF AGENCY : Lee County BOCC			AC	
NAME OF OFFICE OR POSITION HELD OR SOUGHT : Senior Fiscal Officer			AU	
You are not limited to the space on the CHECK ONLY IF CANDIDATE	ines on this form. Attach additional shee OR INEW EMPLOYEE OR			
**** BOT	H PARTS OF THIS SECT	ION <u>MUST</u> BE COI	MPLE	TED ****
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, 2	017 <u>OR</u> 🗆 SPECIA	FY TAX YEAR IF OTHER TH	AN THE (	CALENDAR YEAR:
MANNER OF CALCULATING RE FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COM for further details). CHECK THE OP	ING REPORTING THRESHOLDS T PARATIVE THRESHOLDS, WHICH	ARE USUALLY BASED ON		
, , , , , , , , , , , , , , , , , , ,	PERCENTAGE) THRESHOLDS	· /	AR VAL	UE THRESHOLDS
PART A PRIMARY SOURCES OF I (If you have nothing to re	NCOME [Major sources of income to a port, write "none" or "n/a")	the reporting person - See inst	ructions]	
NAME OF SOURCE OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Lee County BOCC	1500 Monroe Street Fo	ort Myers	Employment	
PART B SECONDARY SOURCES				
[Major customers, clients,	and other sources of income to busines port, write "none" or "n/a")	ses owned by the reporting pe	rson - See	e instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
N/A			INSTRUCTIONS on who must file this form and how to fill it out begin on page 2	
			begin	i on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certific (If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE	cates of deposit, etc See instructions] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A				
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Navient				
Great Lakes				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	N/A			
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				
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.				
SIGNATURE OF FILER:	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: 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.			
CindyMarchez				
Date Signed:	CPA/Attorney Signature:			
7/2/18				
	Date Signed:			
FILING INSTRUCTIONS:				
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. To determine what category your position falls under, see page 3 of instructions.	Candidates file this form together with their filing papers. 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.			
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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned</u> .	WHEN TO FILE: <i>Initially</i> , each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> 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. <b>Candidates</b> must file at the same time they file their gualifying			
State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL	papers. <i>Thereafter</i> , file by July 1 following each calendar year in which they hold their positions.			
32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. <u>Do not file by</u> <u>both mail and email. Choose only one filing method</u> . Form 6s will not be accepted via email.	<i>Finally</i> , 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, 2017.			

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CE FORM 1 - Effective: January 1, 2018. Incorporated by reference in Rule 34-8.202(1), F.A.C.