FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2017

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

(10 DE FILED WITHIN 00 DATS OF LEAV)	ing roblic office on entriorment)			
LAST NAME — FIRST NAME — MIDDLE NAME:	NAME OF REPORTING PERSON'S AGENCY:			
SAWICKI MARNI LIN	CITY OF CAPE CORAL			
P.O. BOX 152028	CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):			
B	LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE			
CITY: ZIP: COUNTY:	LIST OFFICE OR POSITION HELD:			
CAPE CORAL 33914 LEE				
BOTH PARTS OF THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2017 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS NOTICE OF EMPLOYMENT OF THE 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 (must check one):				
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, write "none" or "n/a") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S				
OF INCOME ADDRE				
CITY OF CAPE CORAL 1015 CULTURAL PARKBUD CORAL MAYOR				
INDIGO PROS, INC. PO BOX 152028 CAPECORAL CONSULTING				
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")				
NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME	ADDRESS PRINCIPAL BUSINESS OF SOURCE ACTIVITY OF SOURCE			
QUANTUM GROUP QUALITY ASSURANCE	E 1240 S 24th St CONSULTING			
BATLECREEK, MI				
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 3 of this packet.			

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write "none	∍" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
AUTOMOBILE LEASE	HEKSONAL/BUSINESS			
SSGA 529 (2 accts)	CHILDREN'S COLLEGE SAVINGS			
SAVINGS/CHECKING PERSONAL/INDIGO PROS, INC				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "none		•	•	
NAME OF CREDITOR	ADDRESS OF CREDITOR			
AUDI FINANCIAL SVCS	POBOX3 HILLSBORD, OR 97123			
_	PO BOX 9500, WILKES BARRE, PA 18773			
			-	
PART F — INTERESTS IN SPECIFIED BUSINESSI (If you have nothing to report, write "none"	" or "n/a")	sitions in certain types of bu	BUSINESS ENTITY # 2	
	N/A		N/~	
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	N A SEPARATE SHEE	T, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature: Marri L Sawrcki Date Signed: 12/7/17		CPA or ATTORNEY SIGNATURE ONLY 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,		
WHAT TO FILE: WI After completing all parts of this form on		With the Supervisor of	NOTE: If you are leaving office or amployment during the first half of	

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

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, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

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; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

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

If you are leaving office or employment during the first half of 2017, you may not have filed Form 1 for 2016. In that case, this is not the last form you will file. Form 1F covers January 1, 2017, through your last day of office or employment. You will be required to file Form 1 for 2016 by July 1, 2017, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.



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SUPPRISOR OF ELECTIONS 2480 THOMPSON ST. TORT MYERS, FL 33901

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CMU Ms. Marri Lin Sawicki
Pro Box 152028

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