Email: DISCLOSURE O LET. VOTE

FORM 1	STATEM	IENT OF		2018
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	)	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MID SHARKEY RU	BERT HENRY	_/	id foreign tell printer.	
MAILING ADDRESS: 26625 HICK				
REDNITA SPES FL 34134 LEE				
NAME OF AGENCY: COASTAL ADVISORY CETUNCIL				
NAME OF OFFICE OR POSITION HELD OR SOUGHT:				
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.				
CHECK ONLY IF 🔲 CANDIDATE OR 🔲 NEW EMPLOYEE OR APPOINTEE				
**** BOT	H PARTS OF THIS SECT	TION <u>MUST</u> BE CO	MPLET	TED ****
THIS STATEMENT REFLECTS YO	UR FINANCIAL INTERESTS FOR T LEASE STATE BELOW WHETHER			
DECEMBER 31,	2018 <u>OR</u> 🗀 SPECII	FY TAX YEAR IF OTHER TH	AN THE C	CALENDAR YEAR:
CALCULATIONS, OR USING CON	EPORTABLE INTERESTS: SING REPORTING THRESHOLDS T PARATIVE THRESHOLDS, WHICH NE YOU ARE USING (must check	ARE USUALLY BASED ON		
,	PERCENTAGE) THRESHOLDS	· · · · · · · · · · · · · · · · · · ·	AR VALI	JE 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 OF INCOME		JRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
BONITA SPRINDS STATE of CLOR	LI LIETIES	DIREC	TOR	STIPEND RETIREMENT
STATE of GLOR	-1 DA		NA	RETIREMENT
SOCIAL SECU	RITY		111.	A
DART D. CECONDARY COURCE			7/1/2007 Sept. 1990 Se	
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (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				
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	
NIA			located at the bottom of page 2.  INSTRUCTIONS on who must file	
			this fo begin	orm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]  (If you have nothing to report, write "none" or "n/a")						
TYPE OF INTANGIBLE	BUSINESS ENTITY TO W	HICH THE PROPERTY RELATES				
f1/m						
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")						
NAME OF CREDITOR	ADDRESS OF CREDITOR					
FIFTH THIRD BANK	CINCIPAT	TI OHO				
	3.00					
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		4.4				
ADDRESS OF BUSINESS ENTITY	N 1 A	VV / P+				
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	J					
NATURE OF MY OWNERSHIP INTEREST		P				
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.  I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.						
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
Signature:  Date/Signed:	If a certified public according good standing with the she must complete the l,	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,, 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.  CPA/Attorney Signature:  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.

**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. Do not email your form to the Commission on Ethics, it will be returned.

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 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. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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.

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, 2018.