| FORM 1   | STATEM   | IENT OF                   |   | 2016  |  |  |
|--|--|---------------------------|---|---|--|--|
| Please print or type your name, mailing address, agency name, and position belo  | FINANCIAL  | <b>INTERESTS</b>          |   | FOR OFFICE USE ONLY:  |  |  |
| LAST NAME FIRST NAME MID  Shards SV  MAILING ADDRESS:  340  4/195  Delray Beach CITY:  NAME OF AGENCY:  Lee To M  NAME OF OFFICE OR POSITION H  FISCAL   | DLE NAME:  Perrie Elle  Pacific Point  A 33484 Pa  ZIP: COUNTY:  C | · •                       |   | 17AUG179M0902 SQE Lee Co F1   |  |  |
| **** BOT   | <u>'H</u> PARTS OF THIS SECT   | TION MUST BE COM          | IPLET   | TED ****  |  |  |
| THIS STATEMENT REFLECTS YO   | OUR FINANCIAL INTERESTS FOR T<br>PLEASE STATE BELOW WHETHER  |                           |   |   |  |  |
| DECEMBER 31,   | 2016 <u>OR</u> 🗆 SPECIF  | FY TAX YEAR IF OTHER THAI | N THE C   | 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 YOU ARE USING (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<br>OF INCOME  |  | JRCE'S<br>DRESS           | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |   |  |  |
| Wages  | 3401 Met   | 3401 Meto PKwy            |   | Public Transit  |  |  |
| ,  |  |                           |   |   |  |  |
|  |  |                           |   |   |  |  |
| 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<br>BUSINESS ENTITY   | NAME OF MAJOR SOURCES OF BUSINESS' INCOME  | ADDRESS<br>OF SOURCE      |   | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE  |  |  |
| NA   |  |                           |   |   |  |  |
| (  |  |                           |   |   |  |  |
| PART C REAL PROPERTY (Land   | buildings owned by the reporting perso   | n - See instructions      | (Constant   |   |  |  |
|  | eport, write "none" or "n/a")  |                           | and w   | G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2. |  |  |
| NA   |  |                           |   | RUCTIONS on who must file   |  |  |
| 1  |  |                           |   | orm and how to fill it out<br>on page 3.  |  |  |

| PART D — INTANGIBLE PERSONAL PROPERTY [Store [Store ]] (If you have nothing to report, write "none ]  |   | s of deposit, etc See ins   | structions]   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| TYPE OF INTANGIBLE  | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |   |   |  |  |  |  |
| N/A   |   |   |   |  |  |  |  |
|   |   |   |   |  |  |  |  |
| PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none  |   | aristad (1944 f. dail Ambarana an 1944 Defension and the institution of the Ambarana Anna Ambarana and Ambarana   |   |  |  |  |  |
| NAME OF CREDITOR  | ADDRESS OF CREDITOR                           |   |   |  |  |  |  |
| 1/1/4   |   |   |   |  |  |  |  |
|   |   |   |   |  |  |  |  |
| 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   | I NA  |   |   |  |  |  |  |
| 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 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 OF FILE   | <u>R:</u>                                     | 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 |   |  |  |  |  |
| Skein Sterp   |   |   | with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the |  |  |  |  |
| Date Signed:  |   | CPA/Attorney Signature  | e:  |  |  |  |  |
|   |   | Date Signed:  |   |  |  |  |  |
| FILING INSTRUCTIONS:  |   |   |   |  |  |  |  |
| WHAT TO FILE: WH  | ERE TO FILE:                                  |   | WHEN 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.

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.

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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.



CONSTITUTIONAL COMPLEX
P.O. BOX 2545
FORT MYERS, FLORIDA 33902
(239) LEE-VOTE
(239) 533-8683
FAX: (239) 533-6310

www.lee.vote

**DATE**: August 17, 2017

**TO**: Palm Beach County Elections Office

Financial Disclosure Division

**FROM**: Tammy Lipa

Administration Support Specialist

RE: : Form 1 Statement of Financial Interests for 2016 Misfiled in Lee County

The enclosed Form 1 Statement of Financial Interest for 2016 was misfiled with the Lee County Supervisor of Elections Office. Filer information:

Sherrie Eileen Sharps 14195 Pacific Point Pl #101 Delray Beach, FL 33484

This filer had previously filed 2016 Form 1 with our office on 02/08/2017.

Please call me at 239-533-6329 if you have any questions regarding the enclosed item(s).

## **Enclosures**