FORM 1	STATEM	IENT OF		2017	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME - FIRST NAME - MIDDLE Smith (Yano) Cheryl Ann	NAME:				
MAILING ADDRESS: 420 SW 23rd Terrace				SOUR SOUR	
			_	4250 •	
CITY: Cape Coral	ZIP: COUNTY: 33991 Lee	MC			
NAME OF AGENCY: Corkscrew Farms CDD					
NAME OF OFFICE OR POSITION HELD Supervisor	OR SOUGHT:	M		\mathbf{V}	
You are not limited to the space on the line		# // AA V	dal	a	
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	RAPPOINTEE	10		
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEA EITHER (must check one):	SE STATE BELOW WHETHER	THE PRECEDING TAX YEA THIS STATEMENT IS FOR	R, WHETH THE PRE	HER BASED ON A CALENDAR CEDING TAX YEAR ENDING	
DECEMBER 31, 201 MANNER OF CALCULATING REPORTION OF USING	DRTABLE INTERESTS: G REPORTING THRESHOLDS		.AR VALU	JES, WHICH REQUIRES FEWER	
CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE			PERCE	NTAGE VALUES (see instructions	
☐ COMPARATIVE (PE	RCENTAGE) THRESHOLDS	OR DOLL	AR VALU	JE THRESHOLDS	
PART A – PRIMARY SOURCES OF INC (if you have nothing to repo		the reporting person - See ins	ructions)		
NAME OF SOURCE OF INCOME	•	SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Cameratta Companies	4954 Royal Gulf Cir F	4954 Royal Gulf Cir Fort Myers, FL 33966		Real Estate	
PART B - SECONDARY SOURCES OF	INCOME				
	d other sources of income to busine	sses owned by the reporting po	erson - See	e instructions)	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
111/			·		
V 10)					
'			T		
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") 420 SW 23rd Terrace Cape Coral, FL 33991		and w	G INSTRUCTIONS for when where to file this form are add at the bottom of page 2.		
720 5 W 25tu Toltace Cape Cotal, 1 D 35771			INSTRUCTIONS on who must file this form and how to fill it out		
			begin	on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "none		See instructions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
2110					
MIX					
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
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					
ADDRESS OF BUSINESS ENTITY	110				
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 Signature: Date Signed:	If a certified pub in good standing she must comple I, Form 1 in accon instructions to the disclosure hereion CPA/Attorney Si	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:			
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, 2017.

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Lee County Supervisor of Elections 2480 Thompson St. TO 17 MY OS, FL 33901

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