

**SHARON L. HARRINGTON  
SUPERVISOR OF ELECTIONS  
LEE COUNTY - FLORIDA**

<u>PHYSICAL ADDRESS</u>	<u>MAILING ADDRESS</u>
LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 <sup>RD</sup> FLOOR FORT MYERS FL 33901	please send all correspondence to this address  P O BOX 2545 FORT MYERS FL 33902-2545
MAIN OFFICE 239 LEE VOTE 239-533-8683	FAX 239-533-6310 WEBSITE <a href="http://www.leeelections.com">www.leeelections.com</a>

111457153

SOWA, CATHERINE ROSEMARY  
107 1ST ST  
FORT MYERS FL 33907

TO: Departing Local Officer  
FROM: Bernie Feliciano, Qualifying Officer  
DATE: May 22, 2008  
SUBJECT: Form 1 Statement of Financial Interests for Year Ending 12-31-2007

**COPY**

We are in receipt of your **FORM 1F-FINAL** Statement of Financial Interests for 2008 that covers a portion of your service as a local officer for the year 2008. Lee County financial disclosure filing records indicate that the last date you held public office or employment was in 2008.

Enclosed is a **STANDARD** Form 1, Statement of Financial Interests for 2007, to complete and return in order to satisfy your obligation to file financial disclosure for the year 2007 (year ending 12-31-2007).

Persons serving as of December 31, 2007 (along with those officials elected in 2007 whose terms began in 2008) are STILL required to file in 2008 for the year ending 12-31-2007. Even if you left the your position in 2008, you are required to file financial disclosure for 2007 on the enclosed form.

**IT IS IMPORTANT THAT YOU RETURN YOUR COMPLETED FORM 1 STATEMENT OF FINANCIAL INTEREST IMMEDIATELY [REDACTED] WITH THE LEE COUNTY SUPERVISOR OF ELECTIONS AND AVOID FUTURE MAILINGS AND/OR A FINE FOR A LATE FILING.**

**WHEN TO FILE: By July 1, 2008**

Persons who fail to file the annual disclosure form by September 1st are subject to automatic fines of \$25.00 for each late day up to \$1,500.

**WHERE TO FILE:** Please return the completed ORIGINAL form, including signature and date in the enclosed postage-paid return envelope to: LEE COUNTY ELECTIONS OFFICE, POST OFFICE BOX 2545, FORT MYERS FL 33902-2545. THE ROLE OF THE SUPERVISOR OF ELECTIONS IS TO RECEIVE AND MAINTAIN THE FINANCIAL DISCLOSURE FORM AS A PUBLIC RECORD.

**QUESTIONS?:** HOW DO I COMPLETE THE FORM? Instructions for completing this form are included in this mailing. Any questions regarding the instructions or the form should be directed to the office of the Florida Commission on Ethics at 1-850-488-7864.

Thank you for your cooperation and prompt attention to this matter.

Enclosures: Form 1 Statement of Financial Interests/Postage Paid Return Envelope

# FINAL STATEMENT OF FINANCIAL INTERESTS

2008

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

LAST NAME — FIRST NAME — MIDDLE NAME: <u>SOWA CATHERINE ROSEMARY</u>		NAME OF REPORTING PERSON'S AGENCY: <u>PAGE PARK NDC</u>
MAILING ADDRESS: <u>107 1st STREET</u>		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):
<u>FORT MYERS FL</u>		<input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER
CITY:	ZIP:	<input type="checkbox"/> SPECIFIED STATE EMPLOYEE
<u>33907</u>	COUNTY:	LIST OFFICE OR POSITION HELD: <u>NDC COMMITTEE</u>
<u>LEE</u>		

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2008, AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS MARCH 17 2008. (Date must be prior to 12/31/08)

## MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS    ☒ DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<u>SOCIAL SECURITY</u>	<u>FIRST FLOOR</u>	
	<u>101 DEE RUN FARM RD</u>	
	<u>FORT MYERS, FL</u>	

## PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<u>ENBARK</u>	<u>RETIREMENT</u>	<u>EMPLOYEE SOLUTIONS NETWORK</u>	
<u>MASTER TRUST</u>		<u>6500 SPRINT PARKWAY</u>	
		<u>OVERLAND PARK KAS 66251</u>	

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

<u>HOME</u>	<u>107 1st STREET</u>
	<u>FORT MYERS, FL 33907</u>
	<u>AND LOT NEXT TO HOME</u>

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3 of this packet.

**OTHER FORMS** you may need to file are described on page 6.