

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

OFFICE USE ONLY

12 JUN 8 AM 9 09 SDE LEE OF F1

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, SHARON L. HARRINGTON  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of SUPERVISOR OF ELECTIONS, \_\_\_\_\_,  
(office) (district #)  
\_\_\_\_\_, \_\_\_\_\_; I am a qualified elector of LEE County, Florida;  
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Sharon L. Harrington (39) 533-6301 SHARRO2@COMCAST.NET  
Signature of Candidate Telephone Number Email Address

1436 Lynwood Ave. Fort Myers FL 33901  
Address City State ZIP Code

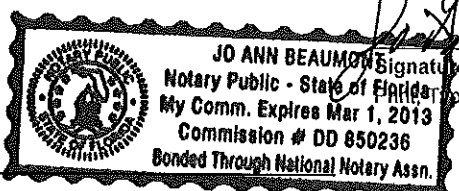
Candidate's Florida Voter Registration Number (located on your voter information card): 111479173

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 8 day of June, 2012.

Personally Known:  or \_\_\_\_\_  
Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



JD Ann Beaumont  
Signature of Notary Public

**FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011**

Please print or type your name, mailing address, agency name, and position below:

**FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

12 JUN 2011 9 09 AM LEE031

LAST NAME — FIRST NAME — MIDDLE NAME:

HARRINGTON, SHARON LEE

MAILING ADDRESS:

1436 LYNWOOD AVE.

CITY: FORT MYERS ZIP: 33901 COUNTY: LEE  
 NAME OF AGENCY: \_\_\_\_\_

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
SUPERVISOR OF ELECTIONS

CHECK IF THIS IS A FILING BY A CANDIDATE

ID Code

ID No. 16833

Conf. Code

P. Req. Code

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of 12-31, 20 11 was \$ \$59,972

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 32,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
RESIDENCE: 1436 LYNWOOD AVE., FT. MYERS, FL	113,000.
2004 EXPEDITION	13,000.
IRA INVESTMENTS	73,472.

**PART C -- LIABILITIES**

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PROPERTY MORTGAGE - BANK OF AMERICA - PO BOX 650070 DALLAS TX 75265	141,000.
2004 AUTO LOAN - SUNCOAST SCHOOLS FCU - 6801 HILLSBOROUGH AVE. TAMPA, FL 33680	500.

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME** (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
LEE COUNTY SUPERVISOR OF ELECTIONS	PO BOX 2545, FORT MYERS FL 33902	124,000.

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E -- INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**OATH**

STATE OF FLORIDA  
 COUNTY OF Lee

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 8 day of

June, 20 12 by SHARON L. HARRINGTON

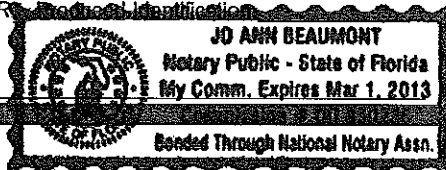
Jo Ann Beaumont  
 (Signature of Notary Public--State of Florida)

Sharon L. Harrington  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

JO ANN BEAUMONT  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR

Type of Identification Produced



**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.