2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Com Sharon Thomas

PID 299821

AGENCY INFORMATION

Organization	Suborganization	Title
Lauderdale Lakes	City Commission	Commissioner

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Florida Retirement System	P.O. Box 9000 Tallahassee, FL 32315	pension

Filed with COE: 06/30/2025

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
Ocala Florida 107 Marion Oaks Unit 6 Block Lot 16
Ocala Florida 107 Marion Oaks Unit 6 Block Lot 17
Sebring, Florida 225 Maple Lane

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
Cash on hand	Bank of America
Mutual Funds	Fidelity
Life Insurance	New York Life
Ally Bank	P.O. Box 951 Horsham, PA 19044

Filed with COE: 06/30/2025

Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Filed with COE: 06/30/2025

Signature of Filer

Sharon Thomas

Digitally signed: **06/30/2025**

Filed with COE: 06/30/2025