2025 Form 1 - Statement of Financial Interests

Filed with COE: 06/05/2026

General Information

Name: Dr Sherri Albritton EdD

PID 255071

AGENCY INFORMATION

Organization	Suborganization	Title
Wauchula	Mayor And City Commission	City Commissioner

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City of Wauchula Commission	Commissioner Seat 4

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

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**
School Board of Hardee County	1009 N. 6th Ave, Wauchula FL 33873	Education-Deputy Superintendent
City of Wauchula	126 South 7th Avenue, Wauchula FL 33873	Commissioner for City of Wauchula
Florida FRS pension	State of Florida	FRS Retirement pension

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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
1004 West Main Street Wauchula FL 33873
705 Hawaiian Drive Wauchula FL 33873

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
bank accounts	Suncoast Credit Union
retirement account	Fidelity
retirement account	Corebridge Financial
retirement account	Bencor

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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.

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Signature of Filer

Sherri Albritton EdD

Digitally signed: **06/05/2026**

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