

FOR OFFICE USE ONLY:



\*\*\*\*\*AUTO\*\*MIXED AADC 323 T8 P1 84

Barbara Sharief  
County Commissioner, District 8  
Broward County  
Elected Constitutional Officers  
Broward County Commissioner RM 421  
115 S Andrews Ave  
Ft Lauderdale, FL 33301-1818

COMMISSION ON ETHICS

DATE RECEIVED

JUN 17 2013

PROCESSED  
ID Code

ID No 236128

Conf. Code

P. Req. Code \*\*\*\*\*

Sharief, Barbara

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, 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 December 31, 2012 was \$ 4,000,000.00

## 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 \$ 200,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Retirement Accounts (Roth IRA / Mutual Funds)

150,000

Real Property - List Attached

300,000

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

CHASE MORTGAGE

490,000.00

## 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 2012 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 2012 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2012 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
South Florida Pediatric Homecare (SFPH)	2452 N. University Drive Pembroke Pines	104,000.00
Broward County Commission	115 S. Andrews Ave FL 33301	92,000.00
Sharief Residential Rentals (SRR)	16482 SW 18th St Miramar FL 33027	20,000.00

### 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
Private Ins. Companies	SFPH	2452 N. University Dr	Home Healthcare
Medicaid	SFPH	2452 N. University Dr	Home Healthcare
Medicare	SFPH	2452 N. University Dr	Home Healthcare

## PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	SFPH	SRR (Sharief Residential Rentals)	BAA LLC
ADDRESS OF BUSINESS ENTITY	2452 N University Dr	16482 SW 18th St	2452 N. University Dr
PRINCIPAL BUSINESS ACTIVITY	Home Health Agency	Rental Property	Property
POSITION HELD WITH ENTITY	President / CEO	President	President
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	100%	100%
NATURE OF MY OWNERSHIP INTEREST	Sole Owner	Sole Owner	Sole Owner

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

## OATH

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.

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 10<sup>th</sup> day of

July, 2013 by BARBARA SHARIEF

Kelly L. Pierson  
(Signature of Notary Public--State of Florida)



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

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

[Signature]  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

**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.

Addendum to Form 6 for Barbara Sharief #236128 District 8 Broward County Commission

Part B Attachment to Statement of Financial Interest 2012

3105 E. 23<sup>rd</sup> Street Lehigh Acres FL 33902

4207 E. 13<sup>th</sup> Street Lehigh Acres FL 33902

410 N. Columbus Parkway Hollywood FL 33021

2311 Acapulco Drive Miramar FL 33023



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A handwritten signature in black ink, appearing to be 'BSH', is written above a horizontal line.

Barbara Sharief

June 10, 2013