

<p>LOYALTY OATH CANDIDATES WITH NO PARTY AFFILIATION <small>(Sections 876.05-876.10, Florida Statutes)</small></p> <p>STATE OF FLORIDA <u>Miami - Dade</u>, COUNTY</p> <p style="text-align: center;">Please Print</p>	<p>OFFICE USE ONLY</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED 2009 SEP -9 AM 11:28 CITY CLERK'S OFFICE</p>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">I, <u>Sherry</u></td> <td style="width:33%;"></td> <td style="width:33%; text-align: center;"><u>Roberts</u></td> </tr> <tr> <td style="text-align: center;"><small>First Name</small></td> <td style="text-align: center;"><small>Middle Name/Initial</small></td> <td style="text-align: center;"><small>Last Name</small></td> </tr> </table>		I, <u>Sherry</u>		<u>Roberts</u>	<small>First Name</small>	<small>Middle Name/Initial</small>	<small>Last Name</small>
I, <u>Sherry</u>		<u>Roberts</u>					
<small>First Name</small>	<small>Middle Name/Initial</small>	<small>Last Name</small>					
<p>a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.</p>							

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, Sherry ROBERTS
(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 office of Commissioner, N/A, N/A
(office) (district) (circuit)

II I am a qualified elector of Miami-Dade County, Florida.
(group)

I am a qualified elector of the City of Miami Beach, Fla., residing within the City at least one year before qualifying for the City of Miami Beach elected office, with my legal residence being: 100 Lincoln Rd Ph 2 M.B. FL 33139
Miami Beach, Fla. I am qualified under the ordinances and Charter of said City and under the Constitution and the Laws of Florida to hold 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.

<u>X Sherry Roberts</u>	(305) <u>205-2030</u>	Sherry@SherryRoberts.com
<small>Signature of Candidate</small>	<small>Telephone Number</small>	<small>Email Address</small>
<u>100 Lincoln Rd Ph 2</u>	<u>Miami Beach FL</u>	<u>33139</u>
<small>Address</small>	<small>City</small>	<small>State</small>
		<small>ZIP Code</small>


Sworn to (or affirmed) and subscribed before me this 9th day of September 2009.

Personally Known: or _____

Produced Identification: _____

Type of Identification Produced: _____

Kerry Hernandez
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



FORM 1

STATEMENT OF

2008

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Roberts Sherry

MAILING ADDRESS :

100 Lincoln Rd Ph 2

Miami Beach 33139 Miami-Dade

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner Group II

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
 2009 SEP -9 AM 11:34
 CITY CLERK'S OFFICE

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

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2008 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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 OR 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
Psychological Transitions	3619 PARK EAST DR. BEACHWOOD FL 33422	HEALTH CARE
South Beach Boutique Realty	407 LINCOLN RD MIAMI BEACH FL 33139	REAL ESTATE

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

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

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

100 Lincoln Rd Ph 2 Miami Beach, FL 33139
100 Lincoln Rd #1630 Miami Beach, FL 33139

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.

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

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stock	Psychological Transitions
Stock	South Beach Boutique Realty
Stock	Apple, citibank, CBS CISCO, GE, Intel
	Jet Blue, Johnson & Johnson, JP Morgan
	Lowes, Pfizer, Sirius, AT&T, Walgreens
	Huntington Bank 401K - Psychological Transitions

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase Home Finance	Po Box 830010 Baltimore MD 21283
Country Wide	1580 Highway 157 N - Mansfield TX 76063
Citi Mfg.	Po Box 8003 S Hackensack NJ 07606
Huntington Mfg.	Po Box 1558, Col OH 43216
Huntington Bank	Po Box 1558 - m/s, OH 43216

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):  DATE SIGNED (required): 9/9/09

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

Sherry Roberts 00/0
Campaign Account
100 Lincoln Road PH 2
Miami Beach, FL 33139
305-205-2030

BANK OF AMERICA, NA
MIAMI BEACH, FL 33139
63-027/631

1038

9/9/09

PAY TO THE
ORDER OF

City of Miami Beach

\$1,020.⁰⁰/₁₀₀

One thousand, twenty

DOLLARS

Jimmy B. ...

© 2005 INTUIT INC. #225 1-800-433-8810

MEMO



Sherry Roberts

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