FORM 1F

# FINAL STATEMENT OF FINANCIAL INTERESTS

2017

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

(TO BE TILED (	V 1 1 1111	OU DATS OF LEAV	ING TOBLIC OFFIC		EMILOTMENT)	
LAST NAME — FIRST NAME — MID	:	NAME OF REPORTING PERSON'S AGENCY:				
Ayers, Charles, Brackett		Portico CDD				
MAILING ADDRESS:		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
6680 Mossy Glen Dr.		m/				
			SPECIFIED S		PLOYEE $\frac{1}{2}$	
CITY: ZIP:	<del></del>	COUNTY:	LIST OFFICE OR POSITIO	N HELD:	Board of Supervisors 🔀	
Ft. Myers, FL 33908		Lee	LIST OFFICE OR POSITION HELD: Board of Supervisors			
OFFICE OR EMPLOYMENT DESCRIPTION OF CALCULATING FILERS HAVE THE OPTION OF	FINANCIAL RIBED ABO REPORTA USING F PARATIVE WHETHER	OVE, WHICH DATE WAS Mai BLE INTERESTS: REPORTING THRESHOLDS THRESHOLDS, WHICH ARE THIS STATEMENT REFLECTS	OD BETWEEN JANUARY 1, 2 rch 16, 2017  THAT ARE ABSOLUTE DO E USUALLY BASED ON PERFORM EITHER (must check one):	017 AND 1 , 20 LLAR VAI CENTAGE	THE LAST DATE I HELD THE PUBLIC 17. (Date must be prior to 12/3147)  LUES, WHICH REQUIRES FEWER VALUES (see instructions for further UE THRESHOLDS	
PART A PRIMARY SOURCES (If you have nothing to	oreport, w	OME [Major sources of incom rite "none" or "n/a")	e to the reporting person - Sec	e instructio	ns]	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
WCI Communities, LLC		24301 Walden Center Dr. Bonita Springs		Home Builder		
		FL, 34134				
PART B - SECONDARY SOUR [Major customers, client (If you have nothing to NAME OF BUSINESS ENTITY	s, and othe report, w	er sources of income to busines	sses owned by reporting person  ADDRESS  OF SOURCE	on - See in	structions]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE	
None						
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")  None					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 of this packet.	

BUSI	NESS ENTITY TO WHIC	CH THE PROPERTY RELATES	
			17MAR17aM1059
ADDRESS OF CREDITOR			~~~
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			366
			H
	ons in certain types of bu	sinesses - See instructions]	e Çı F]
BUSINESS ENTITY # 1 None		BUSINESS ENTITY # 2	
E CONTINUED ON A	SEPARATE SHEE	T, PLEASE CHECK HERE	
R:	CPA or ATTO	RNEY SIGNATURE ONLY	r
	the CE Form 1 in a Statute Appendix Brezilian knowledge and belief.	the disclosure herein is true and co	nis form : repared Elorida
	" or "n/a")  BUSINESS EN  None  E CONTINUED ON A  R:	ES [Ownership or positions in certain types of but or "n/a")  BUSINESS ENTITY # 1  None  E CONTINUED ON A SEPARATE SHEE  CPA or ATTC  The CE Form 1 in a Statute Apand She 2015 knowledge and belief.  Superarisor of the land she 2015 knowledge and belief.	ADDRESS OF CREDITOR  ES [Ownership or positions in certain types of businesses - See instructions] " or "n/a")  BUSINESS ENTITY # 1  None  E CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  CPA or ATTORNEY SIGNATURE ONLY  atterney in good standing with the Florida Bar prepared the fail for fire the part of the part

### WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

## WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

#### FILING INSTRUCTIONS:

## WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

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

#### NOTE:

If you are leaving office or employment during the first half of 2017, you may not have filed Form 1 for 2016. In that case, this is not the last form you will file. Form 1F covers January 1, 2017, through your last day of office or employment. You will be required to file Form 1 for 2016 by July 1, 2017, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.