FORM 1F

## FINAL STATEMENT OF FINANCIAL INTERESTS

2018

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

(10 BE FILED WITH	IN OU DAIS OF EEAV	ING I OBEIC OFFIC	JE OK	EWI BOTWENT)
LAST NAME — FIRST NAME — MIDDLE NAME: Boyer Odette Mercedes		NAME OF REPORTING PE	RSON'S	AGENCY:
MAILING ADDRESS: 1315 SE 32 Street		CHECK ONE OF THE FOI	LOWING	(see "Who Must File" on page 3):
1313 SE 32 Street		LOCAL OFFICER STATE OFFICER		
		SPECIFIED S		
CITY: ZIP: COUNTY:		LIST OFFICE OR POSITION HELD:		
Cape Coral 33904	Lee			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCI OFFICE OR EMPLOYMENT DESCRIBED A	BOVE, WHICH DATE WAS Ma	OD BETWEEN JANUARY 1. 2	018 AND	THE LAST DATE I HELD THE PUBLIC 118. (Date must be prior to 12/31/18)
MANNER OF CALCULATING REPORT FILERS HAVE THE OPTION OF USING CALCULATIONS, OR USING COMPARATIN details). PLEASE STATE BELOW WHETHE	REPORTING THRESHOLDS E THRESHOLDS, WHICH ARE	USUALLY BASED ON PER	LAR VAI	LUES. WHICH REQUIRES FEWER
COMPARATIVE (PERCENTA	GE) THRESHOLDS	OR 🗹 DOL	LAR VAL	UE THRESHOLDS
PART A PRIMARY SOURCES OF IN (If you have nothing to report, NAME OF SOURCE				ns] RIPTION OF THE SOURCE'S
OF INCOME Brighthouse Financial	ADDRESS PO Box 10366 Des Moines, IA		PRINCIPAL BUSINESS ACTIVITY retirement annuity	
Social Security	Washington, DC		social security	
	Wushington, DC	·····	Social Security	
PART B SECONDARY SOURCES O [Major customers, clients, and o' (If you have nothing to report,	her sources of income to busines	sses owned by reporting perso	n - See in	structions]
NAME OF N. BUSINESS ENTITY	AME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
n/a				
PART C REAL PROPERTY [Land. buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			and v	G INSTRUCTIONS for when where to file this form are ed at the bottom of page 2.
land (11/4 acres) Nob Hill Dr. Rolling Acres IV, Sparta, TN				RUCTIONS on who must file form and how to fill it out not not on page 3 of this packet.

PART D — INTANGIBLE PERSONAL PROPERT	Y [Stocks, bonds, certi	ficates of deposit, etc See	instructions]		
(If you have nothing to report, write "non	,				
TYPE OF INTANGIBLE Wells Fargo	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES checking & saving accounts				
Primerica	money market				
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non	ons] e" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
n/a					
PART F — INTERESTS IN SPECIFIED BUSINESS  (If you have nothing to report, write "none	e" or "n/a")		usinesses - See instructions]		
NAME OF BUSINESS ENTITY BUSINES		S ENTITY # 1	BUSINESS ENTITY # 2		
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY		7			
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 OF FILER: Signature:  Date Signed:  May 31, 2018		CPA or ATTORNEY SIGNATURE ONLY  If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I,			

## 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.

## WHERE TO FILE:

Local officers file with the Supervisor of Elections of the county in which they permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections

## FILING INSTRUCTIONS:

may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method.

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

NOTE:

Ifyou are leaving office or employment during the first half of 2018, you may not have filed Form 1 for 2017. In that case, this is not the last form you will file. Form 1F covers January 1, 2018, through your last day of office or employment. You will be required to file Form 1 for 2017 by July 1, 2018, 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.

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888