FORM 1

STATEMENT OF

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Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDI	LE NAME :		_	
1	Charles			
MAILING ADDRESS: 2525 Estero Blvd				
2323 Estelo Bivu				
CITY: Fort Myers Beach	ZIP: COUNTY: 33931 Lee			
NAME OF AGENCY :	33731 LCC			
Town of Fort Myers Beach		1 - 1		
NAME OF OFFICE OR POSITION HE				
Community Development Dir	ector and Building Official			
CHECK ONLY IF	OR	APPOINTEE		
	**** THIS SECTION MUS	T BE COMPLETED	****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO				CEMBER 31, 2022.
MANNER OF CALCULATING FILERS HAVE THE OPTION OF L FEWER CALCULATIONS, OR US (see instructions for further details	ISING REPORTING THRESHOLI SING COMPARATIVE THRESHOL	DS THAT ARE ABSOLUTE I LDS, WHICH ARE USUALL		
COMPARATIVE (F	PERCENTAGE) THRESHOLDS	OR DOLLA	R VALU	JE THRESHOLDS
			-	
PART A PRIMARY SOURCES OF II		the reporting person - See instru	uctions]	
(If you have nothing to re	port, write "none" or "n/a")			DODINION OF THE COURSES
	port, write "none" or "n/a") SOU	the reporting person - See instru JRCE'S DRESS	DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
(If you have nothing to re	port, write "none" or "n/a") SOU	JRCE'S	DE	
(If you have nothing to re NAME OF SOURCE OF INCOME	port, write "none" or "n/a") SOU	JRCE'S	DE	
(If you have nothing to re NAME OF SOURCE OF INCOME	port, write "none" or "n/a") SOU	JRCE'S	DE	
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(If you have nothing to re NAME OF SOURCE OF INCOME 11/a PART B SECONDARY SOURCES [Major customers, clients, secondary sources]	SOL ADI	JRCE'S DRESS	DE Pf	RINCIPAL BUSINESS ACTIVITY
PART B SECONDARY SOURCES [Major customers, clients, sources of the continuous of	OF INCOME and other sources of income to busineseport, write "none" or "n/a") NAME OF MAJOR SOURCES	JRCE'S DRESS sses owned by the reporting pers ADDRESS	DE Pf	RINCIPAL BUSINESS ACTIVITY
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PART B SECONDARY SOURCES [Major customers, clients, sources of the continuous of	OF INCOME and other sources of income to busineseport, write "none" or "n/a") NAME OF MAJOR SOURCES	JRCE'S DRESS sses owned by the reporting pers ADDRESS	DE Pf	e instructions] PRINCIPAL BUSINESS
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PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re NAME OF BUSINESS ENTITY n/a PART C REAL PROPERTY [Land, 1]	OF INCOME and other sources of income to busineseport, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	SSES OWNED by the reporting personal ADDRESS OF SOURCE	DE Pr son - See	e instructions] PRINCIPAL BUSINESS
PART B SECONDARY SOURCES [Major customers, clients, a (If you have nothing to re NAME OF BUSINESS ENTITY n/a PART C REAL PROPERTY [Land, 1]	OF INCOME and other sources of income to businessport, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	SSES OWNED by the reporting personal ADDRESS OF SOURCE	You are lines o sheets FILING and w	PRINCIPAL BUSINESS ACTIVITY PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the on this form. Attach additional

(If you have nothing to report, write "none TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
n/a					
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none"					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
n/a					
PART F — INTERESTS IN SPECIFIED BUSINESSES [O	Ownership or positions in certain types of businesses - See instructions] or "n/a")				
NAME OF BUSINESS ENTITY 1	BUSINESS ENTITY # 1 BUSINESS ENTITY # 2				
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					
PART G — TRAINING For elected municipal officers,	appointed school superintendents, and commissioners of a community redevelopment omplete annual ethics training pursuant to section 112.3142, F.S.				
	HAVE COMPLETED THE REQUIRED TRAINING.				
	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON A					
Signature: Date Signed:	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,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature:				
6/9/2023	Date Signed:				
FILING INSTRUCTIONS:	Date Oigned.				

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections 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

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.