

**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2019**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Smith Sawyer Charles

MAILING ADDRESS :

PO Box 8

CITY : ZIP : COUNTY :  
Fort Myers 33902 Lec

NAME OF AGENCY :  
Conservation 20/20 Land Acquisition & Stewardship

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
Regular Member

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

20JUN01AM092890E Lec Co FI

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**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS                   | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|------------------------------------|---|
| Wilbur Smith, LLC        | 2200 Broadway Fort Myers, FL 33901 | Practice of Law   |
|                          |                                    |   |
|                          |                                    |   |

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | 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")

|                                      |
|--------------------------------------|
| 1568 Hill Ave. Fort Myers, FL 33901  |
| 12131 Coyle Rd. Fort Myers, FL 33905 |
| 2200 Broadway Fort Myers, FL 33901   |
| 2065 Main St. Fort Myers, FL 33901   |

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

**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.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
| College Fund       | Florida Prepaid College                       |

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF CREDITOR               | ADDRESS OF CREDITOR                |
|--------------------------------|------------------------------------|
| Sanibel Captiva Community Bank | 2475 Library Way Sanibel, FL 33957 |
| Useppa Inn and Dock Company    | 8115 Main St. Bokeelia, FL 33922   |

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF BUSINESS ENTITY                       | 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 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature: \_\_\_\_\_



Date Signed: \_\_\_\_\_

5/29/2020

**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: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

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 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), 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, 2019.

**Part C: Real Property Cont.**

201 Useppa Island, Lee County, FL

2074 Broadway Fort Myers, FL 33901

2084 Broadway Fort Myers, FL 33901

2100 Broadway Fort Myers, FL 33901

2108 Broadway Fort Myers, FL 33901

2116 Broadway Fort Myers, FL 33901

2150 Broadway Fort Myers, FL 33901

2105 Monroe Street Fort Myers, FL 33901

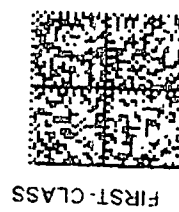
2143 Monroe Street Fort Myers, FL 33901

2145 Monroe Street Fort Myers, FL 33901



POST OFFICE DRAWER EIGHT  
FORT MYERS, FLORIDA  
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FL 335  
20 MAY 1988  
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MAY 29 2020  
MAILED FROM ZIP CODE 33902

Lee County Supervisor of Elections  
P. O. Box 2545  
Fort Myers FL 33902-2545

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