FORM 1	STATEM	MENT OF		2013
Please print or typo your name, mailing address, agency name, and position below:	FINANCIAL	INTERES	STS _	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDL JOHNSON MATTHE				
MAILING ADDRESS: 1466 WINKLEY	AVE			'14JU
FORT MYERS	33901 LET	<u> </u>		NOON TO SEE
LEE COUNTY	ZIP: COUNTY:			1259
NAME OF AGENCY: COMMUNITY SUSTA NAME OF OFFICE OR POSITION HEI	DOR SOUGHT!	ny Board		14JUN20PM1259 SDE LEE CO F
You are not limited to the space on the lit CHECK ONLY IF	nes on this form. Attach additional she		\bigvee	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one):	EASE STATE BELOW WHETHER	THE PRECEDING TAX THIS STATEMENT IS	X YEAR, WHE S FOR THE PF	THER BASED ON A CALENDAR RECEDING TAX YEAR ENDING
MANNER OF CALCULATING REF FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMP for further details). CHECK THE ONI	PORTABLE INTERESTS: NG REPORTING THRESHOLDS TARATIVE THRESHOLDS, WHICH		E DOLLAR VAI	LUES, WHICH REQUIRES FEWER
COMPARATIVE (P	ERCENTAGE) THRESHOLDS	OR 🗷 I	DOLLAR VAI	LUE 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		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
CITY OF FORT MYER	5 2200 SECOND ST	- FM 3390.	102 GOVERNMENT	
	OF INCOME Ind other sources of income to busines port, write "none" or "n/a")	sses owned by the repor	rting person - S	ee instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRES	-	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE				
				
PART C REAL PROPERTY [Land, but		n - See instructions)		NO INSTRUCTIONS for when
(If you have nothing to report, write "none" or "n/a") 1466 WINKEN AVE FM, FL 33901			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	
				n on page 3.

	ocks, bonds, certificates of deposit, etc See instructions]	
(If you have nothing to report, write "non-	e" or "n/a") BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	4
•	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	- E
NONE		<u> </u>
		14JUN20m1259
PART E — LIABILITIES [Major debts - See instructions	e)	Ti Ti
(if you have nothing to report, write "none		Ħ
NAME OF CREDITOR	ADDRESS OF CREDITOR	윉
SETEM >		
WELLS FAMGO		
PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions]	
(If you have nothing to report, write "none"	• • • • • • • • • • • • • • • • • • • •	
NAME OF BUSINESS ENTITY	NONE BUSINESS ENTITY 2	
	70870	
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):	
which die b		
Mully Hold To	6/12/14	
If a certified public accountant licensed under Chap he or she must complete the following statement:	ster 473, or attorney in good standing with the Florida Bar prepared this form	for you,
1.	, 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.	
Signature	Date	
	FILING INSTRUCTIONS:	
l		

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).

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.