| FORM 1 STATEMENT OF | | | ENT OF | | 2013 | |
|---|---------------------|---|--------------------------|---|---|--|
| Please print or typo your name, mailing address, agency name, and position belo | w: | FINANCIAL | INTERES | ESTS FOR OFFICE USE ONL | | |
| LAST NAME FIRST NAME MIDDI Walker, Mary Jo | E NAME | : | | | 42 | |
| MAILING ADDRESS : 2026 Wilna Street | | | | | <u>H</u> | |
| | | | | | ## GG | |
| CITY: ZIP: COUNTY: Fort Myers 33901 Lee | | | | | .4JULO19909223DF Lee (0)F1 | |
| NAME OF AGENCY: Fort Myers Historic Preservation | Commi | | | T. E. C. | | |
| NAME OF OFFICE OR POSITION HE Member of Commission | LD OR S | | | PA | | |
| You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE | | | | 40L | | |
| **** BOT | | TS OF THIS SECTI | | | | |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PLE EITHER (must check one): DECEMBER 31, 26 MANNER OF CALCULATING REPO | R FINAN EASE STA | CIAL INTERESTS FOR THE ATE BELOW WHETHER THI OR SPECIFY | PRECEDING TAX YE | AR, WHETHE R THE PRECI | ER BASED ON A CALENDAR EDING TAX YEAR ENDING | |
| FILERS HAVE THE OPTION OF US CALCULATIONS, OR USING COMF further details). CHECK THE ONE Y | SING REF | PORTING THRESHOLDS TH THRESHOLDS, WHICH AF | RE USUALLY BASED | DOLLAR VAL ON PERCENT | UES, WHICH REQUIRES FEWER FAGE VALUES (see instructions for | |
| COMPARATIVE (P | ERCENT | rage) Thresholds | DR 🗹 DOL | LLAR VALUE | THRESHOLDS | |
| PART A — PRIMARY SOURCES OF (If you have nothing to re | NCOME port, writ | [Major sources of income to the "none" or "n/a") | e reporting person - Sec | e instructions) | | |
| NAME OF SOURCE OF INCOME | | SOURCE'S ADDRESS | | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| Mary Jo Sanders Charitable Remainder Tru | | 2026 Wilna Street, Fort Myers, FI 33901 | | | Investments | |
| George and Mary Jo Sanders Foundation | | 2026 Wilna Street, Fort Myers, FI 33901 | | | Investments | |
| John E & Aliese Price Foundation | | 1279 Lavin Lane, N Fort Myers FL 33917 | | | Investments | |
| | | | | | | |
| PART B — SECONDARY SOURCES [Major customers, clients, (If you have nothing to r | and other | sources of income to business | ses owned by the report | ing person - Se | ee instructions) | |
| NAME OF BUSINESS ENTITY | | E OF MAJOR SOURCES ADDRESS BUSINESS' INCOME 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") | | | n - See instructions] | FILING INSTRUCTIONS for when and where to file this | | |
| 2008 - 2016 - 2026 Wilna Street, Fort Myers, FL | | | | form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it | | |
| 2029 Clifford Street, Fort Myers, FL 33901 | | | | | | |
| Sarasota County Property - Schedule Attached | | | | | | |

out begin on page 3.

| PART D - INTANGIBLE PERSONAL PROPERTY (Stoc | | ctions) | | | | | | |
|---|---|---|--|--|--|--|--|--|
| (if you have nothing to report, write "none' | ' or "n/a") | | | | | | | |
| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | | | |
| Beneficial Interest in Trust | Mary Jo Sanders Charitable Remainder Tru | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" | | | | | | | | |
| NAME OF CREDITOR | ADDRESS OF CREDITOR | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Ļ. | | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] | | | | | | | | |
| (If you have nothing to report, write "none" o | BUSINESS ENTITY # 1 | BUSINESS ENTTY # 2 | | | | | | |
| NAME OF BUSINESS ENTITY | None | None I | | | | | | |
| ADDRESS OF BUSINESS ENTITY | | 3.6 | | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | i r | | | | | | |
| POSITION HELD WITH ENTITY | | in in | | | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | <u> </u> | | | | | | |
| NATURE OF MY OWNERSHIP INTEREST | | <u></u> | | | | | | |
| IF ANY OF PARTS A THROUGH F ARE | CONTINUED ON A SEPARATE SHEE | T, PLEASE CHECK HERE | | | | | | |
| SIGNATURE (required): | DATE SIGNED (required): | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| If a certified public accountant licensed under Chapte | r 473, or attorney in good standing with the F | florida Bar prepared this form for you, he or | | | | | | |
| she must complete the following statement: | 1 470, or attendy in good standing wat the t | iona bai prepared this form for you, he of | | | | | | |
| I, <u>STEVEN</u> K WHITEY CAP the instructions \$6 the form. Upon my reasonable kno | , prepared the CE Form 1 in accordance | with Section 112.3145, Florida Statutes, and | | | | | | |
| the instructions to the form. Open my reasonable know | wiedge and belief, the disclosure herein is tru | de and correct. | | | | | | |
| Signature | <i></i> | 0/38/14 Date | | | | | | |
| Signature | | , , Date | | | | | | |
| FILING INSTRUCTIONS: | | | | | | | | |

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.

M J Sanders Charitable Remainder Trust

- Schedule Attached Strayhorn Michael M Trustee c/o R Pringle Which owns

| 3050 S Cranberry Blvd | North Port | Florida |
|-----------------------|-------------------|---------|
| 3100 S Cranberry Blvd | North Port | Florida |
| 3751 S Salford Blvd | North Port | Florida |
| 14161 S Tamiami Trail | North Port | Florida |
| 5800 E Price blvd | North Port | Florida |
| N Yorkshire St | North Port | Florida |
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| N Torrington St | North Port | Florida |
| Veterans Blvd | North Port | Florida |



Wiltshire, Whitley Richardson & English, PA

> Post Office Box 1020 Fort Myers, FL 33902

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Lee County Supervisor of Elections Financial Disclosure P.O. Box 2545 Fort Myers, FL 33902

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