

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Walker Mary Jo

MAILING ADDRESS :

2026 Wilna St

CITY : Fort Myers ZIP : 33901 COUNTY : Lee

NAME OF AGENCY : Fort Myers Historical Preservation Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT : Member of Commission

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

21JUL06AM0941 90E Lee 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, 2020.

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
Mary Jo Saunders CRUT	2026 Wilna St Fort Myers 33901	Investments
Georg & Mary Jo Saunders Foundation	2026 Wilna St FM 33901	Investments

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

2008-2016-2026 Wilna St - Fort Myers, FL 33901
 2029 Clifford Street Fort Myers, FL 33901
 Sarasota County Property }
 Charlotte County Property } attached

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
Beneficial Interest in Trust	Mary Jo Sanders CRUT

PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

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	N/A	
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 agency created under Part III, Chapter 163 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:

Mary Jo Walker

Date Signed:

6-30-21

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, 2020.

CHARLOTTE COUNTY

Strap #	2007 Tax Roll	SIZE
0061150-000000-0	4564 1997 Biscayne Dr	0.33
0067238-000000-6	81385 130 Yorkshire St.	1.90
	85949	2.28

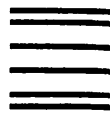
SARASOTA COUNTY

x	1152-48-0130	69700 Veterans Blvd. tract M	1.29
x	1152-23-7511	3E+05 Torrington St Lot 11	3.62
x	1152-23-7510	4E+05 Torrington St N Lot 10	4
x	1152-23-7501	4E+05 Price Blvd E Lot 1	4
x	1152-23-6109	42500 Price Blvd E Lot 9	0.33
x	1152-23-6105	39500 Price Blvd E Lot 5	0.27
x	1152-23-6103	40600 Price Blvd E Lot 3	0.29
x	1152-23-6102	40600 Price Blvd E Lot 2	0.29
x	1152-23-6101	43600 Price Blvd E Lot 1	0.35
x	1151-23-7504	4E+05 Orlando Blvd N Lot 4	4.8
x	1151-23-7503	3E+05 Orlando Blvd N Lot 3	3.45
x	1151-23-7502	3E+05 Orlando Blvd N Lot 2	3.9
x	1132-20-9636	3E+05 Price Blvd tract LL	4.9
x	1131-20-9861	4E+05 Yorkshire ST N tract CC	5.84
x	1124-20-7452	2E+05 Barcelona Dr tract A	7.72
x	0997-03-4655	1E+06 14161 Tamiami Trail S tract D	7.1
x	0990-02-7025	4E+05 3751 Salford Blvd S tract G	7.1
x	0988-03-3020	4E+05 3100 Cranberry Blvd S tract E	8.56
x	0988-03-2736	3E+05 3050 Cranberry Blvd S tract F	5.67

73.48

121 JUL 06 AM 0840 SDE Lee Co FL

FT MYERS FL 339
2 JUL 2021 PM 4 L



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

