

**LEE COUNTY
SUPERVISOR OF ELECTIONS
CANDIDATE CAMPAIGN FILE COVER SHEET**

ORIGINAL REVISED
(PLEASE CHECK ONE)

Candidate Name	CARLA Lee Brooks Johnston		
Residence Address	690 Pundy Drive		
City and Zip Code	Sanibel, FL 33957		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-395-3707	OR	
Email Address	carlajohnston@earthlink.net		
Office Sought	Lee Co. Commission		
Area, District, Group Or Seat Number	District 1		
Political Party (if applicable for office sought)	No Party Affiliation		
Date Of Birth Or Voter ID #	111312876		
Date	6-14-10		
Candidate Signature	X Carla Lee Brooks Johnston		

All information on this form becomes a
public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

*10JUN14PM0123 SJE Lee Co F1

*10JUN14PM0937 SJE Lee Co F1

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

111312876

JOHNSTON, CARLA LEE BROOKS
690 PURDY DR
SANIBEL FL 33957

2

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Carla Lee Brooks Johnston

3. Add code)

JOHNSTON, CARLA LEE BROOKS
690 PURDY DR
SANIBEL FL 33957

111312876

4. Telephone (optional)

(239) 395-3707

5. E-mail address (optional)

carla.johnston@earthlink.net

6. Office sought (include district, circuit, group number)

County Commission, District 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

111312876

11. Me JOHNSTON, CARLA LEE BROOKS
690 PURDY DR
SANIBEL FL 33957

(e-mail address)

12. Telephone

239 395-3707

13. City

16. Zip Code

carla.johnston@earthlink.net

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

FIFTH THIRD BANK
LEE COUNTY
13350 METRO PKY
FORT MYERS FL

21. City

22. County

e

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

06/14/2010

26. Signature of Candidate

X Carla Lee Brooks Johnston

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Carla Lee Brooks Johnston, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

06/14/2010
Date

X Carla Lee Brooks Johnston
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please Type)

OFFICE USE ONLY

I, CARLA Lee Brooks JOHNSTON,
candidate for the office of COUNTY COMMISSION, Dist 1

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Carla Lee Brooks Johnston
Signature of Candidate

6-14-10
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

*10JUN14PM0123 SDE Lee Co FI

*10JUN14PM0937 SDE Lee Co FI

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH NO PARTY AFFILIATION

STATE OF FLORIDA

COUNTY OF LEE

OFFICE USE ONLY

111312876

JOHNSTON, CARLA LEE BROOKS
690 PURDY DR
SANIBEL FL 33957

I, <u>CARLA LEE</u>	<u>Brooks</u>	<u>Johnston</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, CARLA JOHNSTON
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate with no party affiliation for the office of County Commission, Dist 1
(office) (district)
; I am a qualified elector of Lee County, Florida;
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X Carla Lee Brooks Johnston 239-395-3707 carla.johnston@earthlink.net
 Signature of Candidate Telephone Number Email Address
690 Purdy Dr. Sanibel FL 33957
 Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 14th day of June, 20 10.

Personally Known: or
Produced Identification: _____
Type of Identification Produced: _____

Bernice Ramos Feliciano
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public



Bernice Ramos Feliciano
Commission # DD589927
Expires October 19, 2010
Bonded Troy Fair - Insurance, Inc. 800-385-7018

10 JUN 14 PM 01:23 SDE Lee Co Fl
10 JUN 14 PM 09:37 SDE Lee Co Fl

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

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

FINANCIAL INTEREST

LAST NAME — FIRST NAME — MIDDLE NAME:

JOHNSTON, Carla Lee Brooks

MAILING ADDRESS:

690 PURDY DRIVE

SAVIBEL 33957 LEE

CITY: ZIP: COUNTY:

Lee COUNTY

NAME OF AGENCY:

Board of Commissioners, Dist 1

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 14, 2010 was \$ 2,767,845.

PART B — ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
see attached	see attached

PART C — LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	zero

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	zero

PART B Assets:

Household Goods and Personal Effects (incl car): Aggregate TOTAL - \$82,250

Assets individually valued over \$1,000

• <u>Real property</u>	<u>TOTAL REAL PROPERTY - \$2,025,053.98</u>
<u>description</u>	<u>location</u> <u>current assessed tax value</u>
Single family house	Percy Place, Cambridge, MA \$695,000
Three family house	Wendell St. Cambridge, MA \$790,953.98
	60% of \$1,200,700 + debt
Single family house	Purdy Dr. Sanibel, FL \$540,000

- investment objects-art, animals, musical instruments - \$0
- intangible personal property - \$0

type name fair market value on date used for all
 (note joint, trust, real prop, marketable securities, accounts, life ins)

- money TOTAL CASH -- \$1,055.34
 - s/r cash \$900.00
 - s/r ira cash \$155.34
- Stocks TOTAL STOCKS - \$6,066.00
 - Powershares Wilderhill \$6,066.00 (4/30/10)
- Bonds TOTAL BONDS - \$128,663.06
 - Hancock \$9,673.30 (4/30/10)
 - Hancock Hi Yield \$18,717.08 (4/30/10)
 - J.P. Morgan \$19,493.88 (4/30/10)
 - Pimco \$44,613.16 (4/30/10)
 - Columbia \$36,165.64 (4/30/10)
- Mutual Funds TOTAL MUTUALS - \$145,066.56
 - American Hi Income \$45,230.86
 - EV Classic \$16,525.09
 - Europacific \$12,696.14
 - Fidelity \$ 7,653.75
 - ICA \$22,574.83
 - American Capital Income \$20,163.45
 - Loomis \$20,222.44
- Annuity TOTAL - \$127,203.99
 - Prudential Philadelphia, PA \$127,203.99

- CDs TOTAL CDs - \$111,521.71
 - Wainwright \$10,000.00
 - Wainwright \$10,000.00
 - Wainwright \$2,477.79
 - Wainwright \$2,085.45
 - Edison \$35,000.00
 - Edison \$35,000.00
 - North Cambridge Coop \$4,460.79
 - North Cambridge Coop \$4,460.79
 - Bank of America- 60% \$8,036.89
- Partnerships - \$0
- Interests in a trust - none other
- Promissory notes owed to me --TOTAL NOTES -- \$9,001.77
12/31/09 (rest in value total of property-don't double count)
 - Eric, (my son's) mortgage for 40% of Wendell - \$70,953.98 he still owes
 - Eric, (my son's) note for his business - \$9,001.77 he still owes.
- Accounts receivable -- \$0
- IRAs TOTAL IRAs -- \$61,979.45
 - Wainwright Boston \$24,140.92 (5/28/10)
 - Calvert \$5,056.88
 - Cambridge Saving Cambridge, MA \$3,956.85 (3/1/10)
 - Evergreen \$13,787.12
 - J. Hancock \$15,037.68
- Bank accounts TOTAL BANK ACCOUNTS -- \$57,460.25
 - BOA(Sanibel) 60% \$2,532.00
 - ECSB(Camb.,MA)50% \$132.57
 - ECSB (Camb. MA) 50% \$25.00
 - Wainwright Boston \$6,799.05
 - Wainwright Boston \$6,922.54
 - Edison Sanibel (base) \$18,684.06
 - Wachovia Sanibel \$1,658.18
 - Wachovia MMA \$20,706.85
- Life Insurance TOTAL LIFE INSURANCE -- \$12,523.15
 - Met Life \$5627.75
 - Met Life \$1895.40
 - Commonwealth of MA \$5,000

PART D – INCOME

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Rental - 95%	Percy Place, Cambridge MA	18,240.-
Rental - 60%	Wendell St. Cambridge MA	42,348.-
Rental - 30%	Percy Dr, Sanibel FL	9,600.-
Investments \leftarrow interest \rightarrow dividends \rightarrow		7,153.-
		13,783.50
Pensions \leftarrow Soc. Sec \rightarrow Com of MA \rightarrow		2,284.80
		7,877.90

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E – INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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			

*10JUN14PM0123 SOE Lee Co F1

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

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 14th day of

June, 2010 by Carla Lee Brooks Johnston

Bernice Ramos Feliciano
(Signature of Notary Public—State of Florida)

Bernice Ramos Feliciano
Commission # DD589927
Expires October 19, 2010

Carla Lee Brooks Johnston
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.