Florida Commission on Ethics

P. O. Drawer 15709, Tallahassee, Florida 32317-5709
"A Public Office is a Public Trust"

FLORIDA
COMMISSION ON ETHICS
DEC 10 2021
RECEIVED

COMPLAINT
21-229

ORIGINAL

1. PERSON BRINGING COMPLAINT:

Name: Jeffrey L Johnson Telephone Number: 917-239-7916

Address: 1125 Von Phister Street

City: Key West County: Monroe State: FL Zip Code: 33040

2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

Use a separate complaint form for each person you wish to complain against:

Name: Eddie Martinez Telephone Number: 305-292-3430

Address: 530 Whitehead Street

City: Key West County: Monroe Zip Code: 33040

Title of office or position held or sought: Monroe County Commissioner District 3

3. STATEMENT OF FACTS:

Please provide a full explanation of your complaint, describing the facts and the actions of the person named above and why you believe he or she violated the law. Include relevant dates and the names and addresses of persons whom you believe may be witnesses. Please do not submit more than 15 pages, including this form. Please do not submit video or audio tapes, CDs, DVDs, flash drives or other electronic media; such material will not be considered part of the complaint and will be returned.

4. OATH

I, the person bringing this complaint, do swear or affirm that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and belief.

SIGNATURE OF COMPLAINANT

STATE OF FL

COUNTY OF MONROE

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 7th day of DEC, 20 21, by JEFFREY JOHNSON.
(name of person making statement)

(Signature of Notary Public)

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

Personally Known ____ OR Produced Identification ☒

Type of Identification Produced: F.L. I.D

CE FORM 50—Effective January 9, 2017
Incorporated by reference in Rule 34-7.010(1)(b), F.A.C.

KRYSTAL ANSON GOMEZ
Notary Public - State of Florida
Commission # HH 105516
My Comm. Expires Jul 6, 2025
Bonded through National Notary Assn.

December 7, 2021

FLORIDA COMMISSION ON ETHICS
P.O. Box 15709
Tallahassee, FL 32317-5709

Dear Florida Commission on Ethics:

I would like to file an ethics complaint against Eddie Martinez, Monroe County Commissioner District 3.

Commissioner Martinez did not fully nor accurately complete his annual financial disclosure form for 2020 received by your office on 8/20/21 (a copy of which is included in this complaint).

The following errors and omissions were made:

- Commission Martinez did not provide any detail on assets or liabilities to verify his net worth (Part A)
- His BOCC salary was not included in his income statement (Part D)
- He did not complete the required ethics training (Part E)
- The address he gave (530 Whitehead) is incorrect because it should be his address where he lived on 12/31/2020 and he has previously claimed to be living on Simonton Street on that date.

Thank you very much for your consideration of this matter.

Respectfully submitted,

Jeffrey L Johnson
1125 Von Phister Street
Key West, FL 33040
jeffjohnson73@me.com
917-239-7916

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

FOR OFFICE USE ONLY:

Mr Eddie Martinez
Commissioner District 3
Monroe County
Elected Constitutional Officer
530 Whitehead St
Key West FL 33040 -7098

FLORIDA
COMMISSION ON ETHICS
AUG 30 2021
RECEIVED

PROCESSED

287185

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, 2020 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 8/24, 20 21 was $ 500,000.00.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 20,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

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

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

3

(Continued on reverse side)

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2020 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Eddie A. Martinez PSM	429 Caroline St. Key West, FL 33040	100,000

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Eddie A. Martinez PSM		
ADDRESS OF BUSINESS ENTITY	429 Caroline St. Key West, FL 33040		
PRINCIPAL BUSINESS ACTIVITY	Land Surveying		
POSITION HELD WITH ENTITY	Professional Surveyor		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Monroe

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 27th day of August, 2021 by Eddie Martinez.

(Signature of Notary Public--State of Florida)

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

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date 4

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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