FORM 1		STATEMENT OF				2013		
Please print or type your name, mailing address, agency name, and position be	ow:	FINANCIAL	INTERE	CSTS		FOR OFFICE USE ONLY:		
LAST NAME FIRST NAME M. Markaraf She	DDLE N	AME:						
MAILING ADDRESS: 3021 Lake Butler Ct.						74.		
Cape Coral FL 33909 Lee						JUN13		
Caloosa Elementary						ям103		
NAME OF AGENCY: NAME OF OFFICE OR POSITION	\		14JUN138M1037 SDE LEE COF					
You are not limited to the space on t	e lines e	on this form. Attach additional she	ets, if necessary.			₩ (O) £		
CHECK ONLY IF CANDIDA		_	-	PM	6/12	با المالية		
**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED **** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):								
DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:								
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:								
☐ 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			
Lee County School Bol 2855 Colonial Blud Foot My				yes	: Pay chech			
·								
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	N	ME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Ø								
PART C REAL PROPERTY [Lan	i, buildir	ngs owned by the reporting perso	n - See instructions)					
(If you have nothing to report, write "none" or "n/a")					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 [Sto		es of deposit, etc Se	e instructions]				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
Ø							
,	-						
	-						
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non-							
NAME OF CREDITOR	ADDRESS OF CREDITOR						
•				·			
PART F — INTERESTS IN SPECIFIED BUSINESSES [I (If you have nothing to report, write "none"	or "n/a")	ns in certain types of		ons) SS ENTITY # 2			
ADDRESS OF BUSINESS ENTITY	ණ		_				
PRINCIPAL BUSINESS ACTIVITY	Ø						
POSITION HELD WITH ENTITY	<u>A</u>						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<u> 6</u>						
NATURE OF MY OWNERSHIP INTEREST	\mathcal{I}						
IF ANY OF PARTS A THROUGH F ARE	CONTINUED OF	A SEPARATE S	HEET, PLEASE CHE	CK HERE 🔲			
SIGNATURE (required):	DATE SIGNED (required):						
Sheymony		6-12-14					
If a certified public accountant licensed under Chap he or she must complete the following statement:	ter 473, or attorney	in good standing wi	ith the Florida Bar prepar	red this form for you,			
I, Statutes, and the instructions to the form. Upon my	, prepared reasonable knowle	the CE Form 1 in dge and belief, the o	accordance with Section disclosure herein is true a	on 112.3145, Florida and correct.			
Signature		Date					
FILING INSTRUCTIONS:							
	. A-2AL 183 AL 187 A.A.	NO CAROLINA					

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:

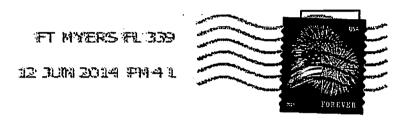
Initially, each local officer/employee, state officer, and specified state-employee must-file within 30 days of the date of his or her appointment

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.



Supervisor of Elections Sharon L. Harrington P.O. Box 2545 Fort Myers, FL 33902

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