FORM 1	STATEMENT O	F		2019	
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	ESTS		FOR OFFICE USE ONLY:	
Sheckler Va	lerie Elizabeth rly Park Rd	7	20JUh	103AM1049 SDE Lee Co F1	
NAME OF AGENCY: School Dis NAME OF OFFICE OR POSITION HEI Principal - R	ZIP: COUNTY: 33928 Lee Nict of Lee County DORSOUGHT: ayma C. Page Elem. OR D NEW EMPLOYEE OR APPOINTEE	A(6/2	\ \ V		
**** THIS SECTION MUST BE COMPLETED ****					
DISCLOSURE PERIOD:	UR FINANCIAL INTERESTS FOR CALENDAR			CEMBER 31, 2019.	
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	Ť		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
School Dist. of Lee Ch	2855 Colonial Blvd. Ft. Mye	rs 33966	Puk	olic School-Education.	
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 NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE					
NONE	of Bookless Moome				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			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		
			INSTR	tuctions on who must file orm and how to fill it out on page 3.	

PART D - INTANGIBLE PERSONAL PROPERTY (Store	cks, bonds, certificates of deposit, etc See instructions]			
(If you have nothing to report, write "none TYPE OF INTANGIBLE	or "n/a")			
	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
MONE				
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 [O (If you have nothing to report, write "none" of	Ownership or positions in certain types of businesses - See instructions] or "nia") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY	NONE			
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				
PART G — TRAINING For elected municipal officers required to complete annu	ual ethics training pursuant to section 112.3142, F.S.			
☐ I CERTIFY THAT I H	AVE COMPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE O	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
Signature: Valum Malle Date Signed: 6 1 20	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:			
FILING INSTRUCTIONS:	Date Signed:			
THE PROPERTY OF THE PARTY OF TH				

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, 2019.

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20JUN03AM1048 SDE Lee Co F

Supervisor of Elections

P.O.Box 2545 Fort Myers, FL 33902

33902-254545