FORM 1	I 1 STATEMENT OF		2009	
Please print or type your name, mailing address, agency name, and position belo	Sw:	INTERESTS		
LAST NAME - FIRST NAME - MIDDL Walker Sa MAILING ADDRESS 5740 Danie	ndla Lee			
Ft. Myels, FL 33912 Lee CITY: ZIP: COUNTY: School District of Lee County			f: ID Code ID No. Conf. Code	
NAME OF AGENCY: PROCERCE INVENT A ACTENT NAME OF OFFICE OR POSITION HELD OR SOUGHT:			Conf. Code	
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE				
PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]				
(If you have nothing to re NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
School Dist. of Lee 6		-	K-IT Education	
	OF INCOME [Major customers, clients, eport , you must write "none" or "n/a" NAME OF MAJOR SOURCES OF BUSINESS' INCOME		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
10/14	<u>.</u>			
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.	
<i>IV   r</i> 1			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.	

PART D — INTANGIBLE PERSONAL PROPE (If you have nothing to report, yo	ERTY [Stocks, bonds, certificates of deposit, etc.] bu must write "none" or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
N/A				
PART E — LIABILITIES [Major debts] (If you have nothing to report, yo	u must write "none" or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
Suncoast Schools Credit L	Inion Daniels PKwy Ft. Myees, FL			
(If you have nothing to report, you	SSES       [Ownership or positions in certain types of businesses]         must write "none" or "n/a")         BUSINESS ENTITY # 1         BUSINESS ENTITY # 1			
NAME OF BUSINESS ENTITY	A			
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5%				
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required): Serraha Lee Wall	DATE SIGNED (required):			
	FILING INSTRUCTIONS:			
WHAT TO FILE: After completing all parts of this form, includin signing and dating it, send back only the firs sheet (pages 1 and 2) for filing. If you have nothing to report in a particula	st on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. ar			
section, you must write "none" or "n/a" in the 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 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: 3600 Maclay Boulevard, South, Suite 201, Tailahassee, FL 32312.

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.

s for publiclymust 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.