

**CANDIDATE OATH -
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

SUPERVISOR OF ELECTIONS

2020 JUN -9 PM 1:30

PALM BEACH COUNTY, FL

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, William "Billy" Vale

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Boca Raton Beach + PARK, 5
(Office) (District #)

5; I am a qualified elector of Palm Beach County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 112042131

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Will-helm Bill-E VAY-L

[Signature] (561) 635-9773 BillyVale1@yahoo.com
Signature of Candidate Telephone Number Email Address

5646 Wind Drift Ln. Boca Raton 33433
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF PBC

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 5
day of June, 2020.

Personally Known: _____ or Produced Identification: X

Type of Identification Produced: FL, DL



ANTHONY BUZZELLI
Commission # GG 118299
Expires July 1, 2021
Bonded Thru Budget Notary Services

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

FOR OFFICE USE ONLY: SUPERVISOR OF ELECTIONS

2020 JUN -9 PM 1:30

PALM BEACH COUNTY, FL

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Vale William M.

MAILING ADDRESS :

5646 WIND DRIFT LN.

CITY :

Boca Raton

ZIP :

33433

COUNTY :

palm beach

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Boca Raton Beach + PARK DISTRICT #5

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 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	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
DAVID LEALNER + Associates	POB 9006 SYOSSET NY 11791	FINANCIAL ADVISORS

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

5440 SW 27th TERRACE DANIA FLA. 33312
Y3 ownership

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 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 [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Charles Schwab (see Attached)	STOCKS, INVESTMENTS SUPERVISOR OF ELECTIONS

2020 JUN 9 PM 1:50

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

PALM BEACH COUNTY, FL

NAME OF CREDITOR	ADDRESS OF CREDITOR
BANK OF AMERICA	P.O. BOX 31785 TAMPA FLA - 33631

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	N/A
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 annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:

06/09/2020

CPA or ATTORNEY SIGNATURE ONLY

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: _____

Date Signed: _____

FILING INSTRUCTIONS:

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.



SUPERVISOR OF ELECTIONS
2020 JUN -9 PM 1:31

PALM BEACH COUNTY, FL

Income Summary

Description	This Period	Year to Date
Federally Taxable		
Bank Sweep Interest	0.48	5.17
Cash Dividends	28.84	189.09
Total Income	29.32	194.26

Investment Detail

Description	Starting Balance	Ending Balance
Cash and Bank Sweep		
BANK SWEEP X,Z	2,531.90	2,532.38

Description	Symbol	Quantity	Price	Market Value
Investments				
A T & T INC (M),Q	T	57.3981	35.26000	2,023.86
BLOCK H & R INCORP (M)	HRB	3,347.0000	24.22000	81,064.34
BOSTON SCIENTIFIC CO (M),Q	BSX	125.0000	42.73000	5,341.25
CHARTER COMMUNICATN (M) CLASS A	CHTR	4.0000	409.59000	1,638.36
LUMENTUM HOLDINGS INC (M)	LITE	2.0000	55.76000	111.52
OFFICE DEPOT INC (M),Q	ODP	535.5881	1.30000	696.26
PFIZER INC (M),Q	PFE	109.1797	35.55000	3,881.34
TWITTER INC (M)	TWTR	200.0000	42.65000	8,530.00
VIAVI SOLUTIONS INC (M)	VIAV	13.0000	13.89000	180.57
Total Account Value				105,999.88

Transaction Detail

Settle Date	Trade Date	Transaction	Description	Quantity	Price	Total
Cash, Bank Sweep, and Money Market Funds Activity						
08/01	08/01	Qual Div Reinvest	A T & T INC: T			28.84
08/16	08/15	Bank Interest X,Z	BANK INT 071619-081519 SCHWAB BANK			0.48
Investments Activity						
08/02	08/02	Reinvested Shares	A T & T INC: T	0.8431	34.2069	(28.84)

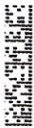
Bank Sweep Activity

Trans Date	Transaction	Description	Withdrawal	Deposit
Opening Balance X,Z: 2,531.90				
08/15	Interest Paid X,Z	BANK INTEREST		0.48
Total Activity			0.00	0.48
Ending Balance X,Z: 2,532.38				

Bank Sweep: Interest rate as of 08/30/19 was 0.18%. Your interest period was 07/16/19 - 08/15/19. Z

Please see "Endnotes For Your Account" section for an explanation of the endnote codes and symbols on this statement.

028176 4/6





SUPERVISOR OF ELECTIONS

2020 JUN -9 PM 1:31

Income Summary

Description	This Period	Year to Date
Federally Taxable		
Bank Sweep Interest	3.63	36.88
Cash Dividends	23.82	132.24
Total Income	27.45	169.12

Investment Detail

Description	Starting Balance	Ending Balance
Cash and Bank Sweep		
BANK SWEEP X,Z	18,900.81	14,910.81

Description	Symbol	Quantity	Price	Market Value
Investments				
BANK OF AMERICA CORP (M),Q	BAC	103.0250	27.51000	2,834.22
BAUSCH HEALTH COS INC F (M)	BHC	150.0000	21.34000	3,201.00
BERKSHIRE HATHAWAY (M),Q CLASS B	BRKB	30.0000	203.41000	6,102.30
BEYOND MEAT INC (M)	BYND	10.0000	167.63000	1,676.30
GENERAL ELECTRIC CO (M),Q	GE	70.6147	8.25000	582.57
NOKIA CORP F (M) SPONSORED ADR 1 ADR REPS 1 ORD SHS	NOK	500.0000	4.96000	2,480.00
SNAP INC (M) CLASS A	SNAP	100.0000	15.83000	1,583.00
TWITTER INC (M)	TWTR	200.0000	42.65000	8,530.00
Total Account Value				41,900.20

Transaction Detail

Settle Trade		Date	Transaction	Description	Quantity	Price	Total
Cash, Bank Sweep, and Money Market Funds Activity							
08/13	08/13	Qualified Dividend	NOKIA CORP F SPONSORED ADR: NOK				28.02
08/13	08/13	Foreign Tax Paid	NOKIA CORP F SPONSORED ADR: NOK				(4.20)
08/13	08/13	ADR Pass Thru Fee	NOKIA CORP F SPONSORED ADR: NOK				(2.50)
08/16	08/15	Bank Interest ^{X,Z}	BANK INT 071619-081519 SCHWAB BANK				3.63
Investments Activity							
08/07	08/05	Bought	TWITTER INC: TWTR	100.0000	40.1000		(4,014.95)

Please see "Endnotes For Your Account" section for an explanation of the endnote codes and symbols on this statement.

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