FORM 1 STATEMENT OF				1	2007	
All and the set of type your name, mailing address, agency name, and position below:	FINANCIAL	, INTERE	ESTS			
ASTNAME FIRST NAME MIDDLE NAME JORDAN STARAG) MAILING ADDRESS :	Paul		FOR OFF USE ONL			
	NAS DR				ode	
	COUNTY :					
Gallauxa J 32404 Bay				ID N	0.	
NAME OF OFFICE OR POSITION HELD OR SOUGHT :				Conf. Code P. Req. 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 A	PPOINTEE				
MANNER OF CALCULATING REPORTABLE I THE LEGISLATURE ALLOWS FILERS THE C REQUIRES FEWER CALCULATIONS, OR USI instructions for further details). PLEASE STATE	ETHER THIS STATEMENT IS DR SPECIFY ITERESTS: NG COMPARATIVE THRESH BELOW WHETHER THIS ST	FOR THE PRECEDIN TAX YEAR IF OTHER FING THRESHOLDS HOLDS, WHICH ARE ATEMENT REFLECTS	NG TAX YE R THAN TH S THAT AR S USUALLY S EITHER (	AR ENI E CALE E ABS( BASEI check c	DING EITHER (check one): NDAR YEAR: DLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see ne):	
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE	[Major sources of income to th		JOLLAR VA		RESHOLDS	
OF INCOME	ADD	ADDRESS		PRINCIPAL BUSINESS ACTIVITY		
VELLEN INC	TYNDALL AFB		Contractor			
PART B SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources o NAME OF NAME OF MAJOR SOURCES ADDF BUSINESS ENTITY OF BUSINESS' INCOME OF SO		ESS	ousiness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
	Andrew Market and State State and Andrew State		100.000 000 000 000 000 000 000 000 000			
257 Kught Thomas DR				FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.		
Callaway Fr 32404				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
				отн	ge 3. ER FORMS you may need to e described on page 6.	