FORM 1	{	STATEM	IENT OF	(	ţ.	2007	
Please print or type your name, mailing address agency name, and position belo		NANCIAL	INTERE	ESTS	<b>F</b>		
LAST NAME FIRST NAME - MIDDLE NAME:				FOR OF USE ON			
	191				1 ID C	Code	
	ZIP:	COUNTY:					
POB 321/3 BAY					ID N	ło.	
VALUE OF OFFICE OR POSITION HELD OR SOUGHT:					Con	f. Code	
Commission on the lines on this form. Attach additional sheets, if necessary.					P. R	eq. Code	
CHECK ONLY IF CANDIDATE		NEW EMPLOYEE OR A					
**BOTH PARTS OF THIS SECTION MUST BE COMPLETED**  ISSCLOSURE PERIOD:  HIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):  DECEMBER 31, 2007 OR DESCRIPTION SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  ANNER OF CALCULATING REPORTABLE INTERESTS:  HE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH EQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see							
structions for further details). PLEASI  COMPARATIVE (PERCENTAGE  PART A PRIMARY SOURCES OF II	E STATE BELC E) THRESHOLI	DW WHETHER THIS STA	ATEMENT REFLECTS  D	SEITHER	(check c	one): RESHOLDS	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
HAMINA COUNTY	CA. B	stines Sefferso	N City No	tona 10			
SOCIAL SECUNIT		et:nen	Į.				
ART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources   NAME OF   NAME OF MAJOR SOURCES   ADD   OF BUSINESS ENTITY   OF BUSINESS' INCOME   OF SO				SS	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
ART C REAL PROPERTY [Land, buildings owned by the reporting person]					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.		
					OTHE	ER FORMS you may need to e described on page 6.	

CE FORM 1 - Eff. 1/2008

(Continued on reverse side)