FORM 1	STATEMENT OF	ין	2007	
Please Print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	ESTS [
AST MAME & FIRST NAME MIDDLE N Kelley Mary MAILING ADDRESS :	AME:	FOR OFFICE USE ONLY:		
1139 S. Comet Ave		 ID C	ode	
	ZIP: COUNTY: 04 FL Bay	10 /		
NAME OF OFFICE OR POSITION HELD O	DR SOUGHT :	j	f. Code eq. Code	
You are not limited to the space on the lines of CHECK ONLY IF [V] CANDIDATE OF	on this form. Attach additional sheets, if necessary. R			
DECEMBER 31, 2007 IANNER OF CALCULATING REPORTABLE HE LEGISLATURE ALLOWS FILERS TO EQUIRES FEWER CALCULATIONS, OR STRUCTIONS for further details). PLEASE ST COMPARATIVE (PERCENTAGE) THE	HE OPTION OF USING REPORTING THRESHOLD USING COMPARATIVE THRESHOLDS, WHICH AR ATE BELOW WHETHER THIS STATEMENT REFLEC	ER THAN THE CALE S THAT ARE ABSO E USUALLY BASEI	NDAR YEAR: DLUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see ne):	
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	PF	SCRIPTION OF THE SOURCE'S KINCIPAL BUSINESS ACTIVITY	
Smurfit-Stone	One Everitt Ave, PCFL 3	2401	Paper Mill	
	NCOME [Major customers, clients, and other sources of NAME OF MAJOR SOURCES ADDROF OF BUSINESS' INCOME OF SO	RESS	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART 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.	
		ОТНІ	ER FORMS you may need to e described on page 6.	