FORM 1 STATEMENT OF					:	2007	
Please print or type your name, mailing address, agency name, and position belo	w: FI	NANCIAL	INTERI	ESTS			
LAST NAME & FIRST NAME MIDDLE NAME:				FOR OF USE ON			
MAILING ADDRESS: 8009 July 22					ı ID C	ode.	
Chernen H.					100	ode	
CITY: LLI ZIP: COUNTY:					ID N	0.	
NAME OF AGENCY:  CALAMA CITY COMMUSIONES  NAME OF OFFICE OR POSITION HELD OR SOUGHT:					Conf. Code		
NAME OF OFFICE OR POSITION HELD OR GODGHT.					1 P. Re	eq. 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							
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):  DECEMBER 31, 2007  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS:  THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):  COMPARATIVE (PERCENTAGE) THRESHOLDS  OR  DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]  NAME OF SOURCE'S  OF INCOME SOURCE'S  ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
REAL ESTATE SALES		700	11200			MINO!! AL BOO!!ALGO ACTIVITY	
RETIRED AIR FORCE						w	
Muxtange INCome							
	ajor customers, clients, and other sources of income to IAJOR SOURCES ADDRESS IESS' INCOME OF SOURCE		business	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.		
8009 Huy 22							
125 H.L. SCHDUTH Dr 106 BONMA Dr						RUCTIONS on who must file orm and how to fill it out begin as 3.	
914 Church WE 751 BAY AVE, 806 MEMThen Dr					OTHER FORMS you may need to file are described on page 6.		