

FORM 1

STATEMENT OF

2007

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Sparks Danny L

MAILING ADDRESS :
7314 Rodgers Drive

CITY: Callaway ZIP: 32404 COUNTY: Bay

NAME OF AGENCY :
City of Callaway

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Mayor

FOR OFFICE USE ONLY:

ID Code _____

ID No. _____

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 APPOINTEE

PDF 2007

****BOTH PARTS OF THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:
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 OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
USAF Ret	US Mil Ret Pay, London KY 40742	USAF Retirement Pay
FL Ret	P.O. Box 3090, Tallahassee FL 32315	Retirement Pay
VA	P.O.Box 1437, St Petersburg FL 33731	VA Disability Pay
NAF	325 SVS/SVH, Tyndall AFB FL 32403	Softball Umpire/Football Referee

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	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.

OTHER FORMS you may need to file are described on page 6.