FORM 1	STATEME	NT OF	2007
Please Frint or type your name, mailing address, agency name, and position below	FINANCIAL II	NTERESTS	
LAST NAME - MIDDL POEM AMIN COMMING ADDRESS:	WARD PAUL	FOR OFFIC USE ONLY:	E
202 South Walls ST			ID Code
CITY:	ZIP'D COUNTY:	ZXY	ID No.
NAME OF AGENCY:	r Harner 5241	9	Conf. Code
NAME OF OFFICE OR POSITION HELD OR SOUGHT: SCACH			P. Req. Code
You are not limited to the space on the lin CHECK ONLY IF CANDIDATE	es on this form. Attach additional sheets, if net OR NEW EMPLOYEE OR APPOI	· N	
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: IANNER OF CALCULATING REPORTABLE INTERESTS: HE 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			
RT A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF, INCOME ADDRESS		3	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
MAKKEL			769 Participate (A)
PART B SECONDARY SOURCES O NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, and o NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ther sources of income to busi ADDRESS OF SOURCE	inesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			ILING INSTRUCTIONS for when nd where to file this form are locat- i at the bottom of page 2.
			ISTRUCTIONS on who must file is form and how to fill it out begin page 3.
			THER FORMS you may need to e are described on page 6.