FORM 1	7	2007						
Please print or type your name, mailing address, agency name, and position bel	ow: FI	ESTS [JUN 20 2008 AK 8:46					
LAST NAME - FIRST NAME - MIDE HARVIN JEILE	DLE NAME : Da	1-c		FOR OFFICE USE ONLY:				
MAILING ADDRESS: 4009 DOL	phin B	2r Apt	A					
and the second s) Code			
Parama City &	ZIP: 324	15) No.					
NAME OF AGENCY:		C	onf. Code					
NAME OF OFFICE OR POSITION HI	ELD OR SOUGH) _{P.}	Req. Code					
You are not limited to the space on the I		n. Attach additional shee NEW EMPLOYEE OR	-		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 PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY FOUr KINDS ACTIVITY FOUr KINDS ACTIVITY FOUr KINDS ACTIVITY PRIMARY SOURCES OF INCOME [Major sources of Income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY FOUr KINDS ACTIVITY FOUr KINDS ACTIVITY FOUR KINDS ACTIVITY FOUR KINDS ACTIVITY OF INCOME OF INCO								
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources o NAME OF NAME OF MAJOR SOURCES ADDR BUSINESS ENTITY OF BUSINESS' INCOME OF SO					esses owned by the reporting person]			
BUSINESS ENTITY	OF BUSI	INESS' INCOME			ACTIVITY OF SOURCE			
BUSINESS ENTITY	OF BUSI	INESS' INCOME						
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PART C REAL PROPERTY [Land			OF SC	FiL	ACTIVITY OF SOURCE ING INSTRUCTIONS for when where to file this form are locat-			
			OF SC	Fil. and ed and this	ACTIVITY OF SOURCE			
			OF SC	FIL and ed :	ACTIVITY OF SOURCE ING INSTRUCTIONS for when where to file this form are locatat the bottom of page 2. STRUCTIONS on who must file form and how to fill it out begin			

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PART D — INTANGIBLE PERSO TYPE OF INTANGI	NAL PROPERTY (Stoci BLE	ks, bonds, certific	cates of deposit, etc.] BUSINESS ENTITY TO WH	ICH THE		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
PART F — INTERESTS IN SPECIF	FIED BUSINESSES (O	wnership or positi	ons in certain types of businesses]		
]	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2		BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY						
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY						
POSITION HELD WITH ENTITY					***************************************	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): Juna fand		الز	DATE SIGNED (required)://24/08			
FILING INSTRUCTIONS:						
WHAT TO FILE: WHERE TO FILE: WHEN TO FILE: After completing all parts of this form, including If you were mailed the form by the Commission Initially, each local officer/employee, state						

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filling.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying. If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Fl. 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, Fl. 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.