FORM 1	STATEM	STATEMENT OF				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS				
BENNETT, MA MAILING ADDRESS: 3921 SE 184	RGARET L.	FOR OFFI USE ONL		71.		
	ZIP: COUNTY: 33904 B.O.C.C. OR SOUGHT: ELL on this form. Attach additional sheets,		,	/ / 14AMO8		
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 (must check one): DECEMBER 31, 2010 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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 (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INCO	OME [Major sources of income to the type of the come to the come of the come o	e reporting person]				
NAME OF SOURCE OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
nja						
PART B - SECONDARY SOURCES OF	INCOME [Major customers, clients,	and other sources of income to I	ousines	ses owned by the reporting person]		
_	rt , you must write "none" or "n/a" NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
n/a						
PART C - REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			when	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.		
			file thi begin	RUCTIONS on who must is form and how to fill it out on page 3. ER FORMS you may need are described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]						
(If you have nothing to report, you must write "none" or "n/a")						
, TYPE OF INTANGIBLE	1	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
n/a			E TROI ENT REEATES			
7110		<u> </u>				
		·				
		· 	·			
PART E — LIABILITIES [Major debts]						
(If you have nothing to report, you must write "none" or "n/a")						
NAME OF CREDITOR ADDRESS OF CREDITOR			EDITOR			
n/a						
,						
						
						
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
(If you have πothing to report, you must write "none" or "n/a")						
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	/a					
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): Margary Servett DATE SIGNED (required): 6/9/11						
FILING INSTRUCTIONS:						
WHAT TO FILE: WHEN TO FILE:						

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

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, sta officer, and specified state employee mu file within 30 days of the date of his or he appointment or of the beginning of employ ment. Appointees who must be confirmed to the Senate must file prior to confirmation, eve if that is less than 30 days from the date of the appointment.

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

Thereafter, local officers/employees, stat officers, and specified state employees as required to file by July 1st following ead calendar year in which they hold their pos tions.

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