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FORM 1 FFINAL STATEMENT OF2008					
FINANCIAL INTERESTS					
(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)					
LAST NAME - FIRST NAME - MIDDLE NAME: Call Caru Lyn MAILING ADDRESS: 7471 GLOYGIANA Dr. BOKULIA FL 33922 CITY: ZIP: COUNTY: (LL ***BOTH PARTS OF THIS SECT DISCLOSURE PERIOD:		NAME OF REPORTING PERSON'S AGENCY: DRGR Committee CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: Committee Member TION MUST BE COMPLETED***			
OFFICE OR EMPLOYMENT DESCR <b>MANNER OF CALCULATING RI</b> THE LEGISLATURE ALLOWS FILER: FEWER CALCULATIONS, OR USING further details). PLEASE STATE BEL	IBED ABOVE, WHICH DATE WAS	THRESHOLDS THAT ARE ABS CH ARE USUALLY BASED ON FLECTS EITHER (check one):			
PART A PRIMARY SOURCES NAME OF SOURCE OF INCOME PBSC	OF INCOME [Major sources of income SOURC ADDRI 1514 Broadiw Fort Ma	CE'S	DESCRIPTION OF THE SOURCES PRINCIPAL BUSINESS ACTIVITY ENGNEMBER		
PART B SECONDARY SOURC NAME OF BUSINESS ENTITY	ES OF INCOME [Major customers, cli NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ients, and other sources of inco ADDRESS OF SOURCE	ome to businesses owned by 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. INSTRUCTIONS on who must file		
CE FORM 1 F - Eff. 1/2008	(Continued on	reverse side)	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet. OTHER FORMS you may need to file are described on page 6. DS BEBOINGENHIEO: PAGE		

PART D - INTANGIBLE PERSONAL PROP TYPE OF INTANGIBLE		HICH THE PROPERTY RELATES			
DBSED Stock	DRSED				
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		أحصي فبمعاين بالمتزر معتنا المعرب الكرين ال			
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS	OF CREDITOR			
Sumporat Schools	Entmulers # 20 Day				
(Dedit					
	NESSES [Ownership or positions in certain types of	husineerest			
_	S ENTITY # 1 BUSINESS ENTITY #				
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5%					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F	ARE CONTINUED ON A SEPARATE SHE				
SIGNATURE:	DATE S	NGNED:			
FILING INSTRUCTIONS:					
WHAT TO FILE:	WHERE TO FILE:	NOTE:			
After completing all parts of this form on	Local officers: file with the Supervisor of	If you are leaving office or employment			
pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you	Elections of the county in which you perma- nently reside. (If you do not permanently reside	during the first half of 2008, you may not have filed Form 1 for 2007. In that case,			
need not return any of the instruction pages). Facsimiles will not be accepted.	in Florida, file with the Supervisor of the county where your agency has its headquarters.)	this is not the last form you will file, even though the Form 1F covers the final portion			
WHEN TO FILE:	State officers or specified state employ- ees; file with the Commission on Ethics, P.O. will be required to file Form 1 for 2007 by				
At the end of office or employment each local officer, state officer, and specified state	Drawer 15709, Talfahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard,	July 1 of 2008.			

South, Suite 201, Tallahassee, FL 32312.

on page 3.

To determine what category your position fails under, see the "Who Must File" Instructions

Form 6.

employee is required to file a final disclosure

form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filling financial disclosure on Form 1 or