FORM 1	STATE	MENT OF		2006	
Please print or type your name, mailing address, agency name, and position belo	FINANCIA	L INTERESTS		4	
LAST NAME FIRST NAME MIDDI HH 5 T MAILING ADDRESS: 2 7 6 7 5	CULLUM KENT RD	FOR OF USE ON		07.JUL.03PM1	
BONITA CITY:	34135 ZIP: COUNTY:	LIEIE	ID C	06 SDE	
NAME OF AGENCY:    30N   FA SPRINGS     NAME OF OFFICE OR POSITION HE   Mis M 3   You are not limited to the space on the the Spa	BER	ets, if necessary.		f. Code El	
**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, 2006 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 II NAME OF SOURCE OF INCOME	27400 RIVIS	[Major sources of income to the reporting person]  SOURCE'S  ADDRESS  27400 RIVISAVIEW CTIX BIVO  130NITH SPRINGS 1-1  34134		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY  TEAUZSTATIS SA 1/35	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
MRS/	RISAL STATE	BONITA 3413	4	ROAD ESPAINE TAILES	
			and w	IG INSTRUCTIONS for when here to file this form are locat-	
NY HOME 276 130NITH SPRI	75 KENT RU NGS F/ 341	35	INST this fo on pag	RUCTIONS on who must file orm and how to fill it out begin ge 3.	

PART D — INTANGIBLE PERSONA TYPE OF INTANGIBL	AL PROPERTY [Stocks, bonds, certific	cates of deposit, etc.]  BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES		
A /	A				
	7 1		Name of the last o		
PART E — LIABILITIES [Major deb NAME OF CREDITO		ADDRESS OF CREDITOR			
NA					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
ı	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY		/\			
PRINCIPAL BUSINESS ACTIVITY	1/				
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):	Afull	DATE SIGNED	(required): 7 - 02 - 07		
FILING INSTRUCTIONS:					
WHAT TO EU E	WHERE TO EI		EN TO EILE:		

## WHAT 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, 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.



Callum Hasty 27675 Kent Rd

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