FORM 1	STATEM	ENT OF		2007				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	3					
JARACKAS - DANIEL -	FOR OIL							
MAILING ADDRESS: 10017 TURTLE HILL	,	· +	<u> </u>					
Form MYERS 339 CITY: ZIP:		\\	ode NO99					
GTY OF RON+ MYERS	UARD	V ID N	01379					
PLANVING BUAND		Conf	UNO9PM0137SDE Lee (Do					
NAME OF OFFICE OR POSITION HELD OR S		P. Re	eq. Code Ö					
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE								
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 OR DOLLAR VALUE THRESHOLDS								
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	ne reporting person] RCE'S RESS	1	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY					
PLANTER MORAN LLPC	SOUTHARD, MICH	Megy	ACOUNTED / FINANCE					
U.S. TREASURY-SEMIN	WASHINGTO		GOVERNMENT					
BUSINESS ENTITY OF	ME [Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
N/N-	NIA	NA		1/4				
PART C REAL PROPERTY [Land, buildings	ח]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.						
- RESIDENCE - ADD - 1/2/NTEREST - MICH		INSTRUCTIONS on who must file this form and how to fill it out begin						
- MAINIEILEST - WICHIGAN CONDO				OTHER FORMS you may need to file are described on page 6.				

PART D — INTANGIBLE PERS TYPE OF INTANG		tocks, bonds, certifi			HE PROPERTY RELATES		
STOCKS +	BUNDS	IN					
STOCKS +	BONDS	511.	NTH BAI	RNEW (CI	MIGLOUP)		
PART E — LIABILITIES [Major							
NAME OF CRE			ADDRESS OF CREDITOR				
mont 6ACE	- Home	BUSEY	13ANK -	Sum ME	ercin, familias		
		,	·				
· // // // // // // // // // // // // //							
PART F — INTERESTS IN SPEC	CIFIED BUSINESSES	[Ownership or posi	itions in certain types	of businesses]			
<u> </u>	BUSINESS E		BUSINES	S ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	10/	IA	N	1/A	NA		
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY				14, p. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .			
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5%							
NATURE OF MY				-			
OWNERSHIP INTEREST							
IF ANY OF PARTS	A THROUGH F A	RE CONTINUE	ED ON A SEPAR	(ATE SHEET, P	PLEASE CHECK HERE		
SIGNATURE (required)				DATE SIGNES	C. Constanting		
SIGNATURE (TOGULIFU)	eel Josep	1/ Da	rackes	DATE SIGNED	une 5,2608		
17:000			NSTRUCTI	ONC.	June -/ 0-00		
WHAT TO FILE:		WHERE TO FI			THE TAPIE.		
After completing all parts of this	is form, including	If you were mailed	d the form by the Co	ommission Initi	HEN TO FILE: tially, each local officer/employee, state		
signing and dating it, send ba sheet (pages 1 and 2) for filing.	ack only the first	on Ethics or a Cour	unty Supervisor of Ele osure filing, return the	ections for offic	icer, and specified state employee must file thin 30 days of the date of his or her		
	urt in a particular	that location.	hat location. appointment or of the beginning of employ-				
section, you must write none or n/a in that		of Elections of the	Local officers/employees file with the Supervisor of Elections of the county in which they perma-		ent. Appointees who must be confirmed by a Senate must file prior to confirmation, even		
section(s).		nently reside. (If yo	nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county		hat is less than 30 days from the date of ir appointment.		
Facsimiles will not be accepte			n the Supervisor of the syntax its headquarters	rs.) <i>Can</i>	indidates for publicly-elected local office		
NOTE:			State officers or specified state employees file with the Commission on Ethics, P.O. Drawer		ist file at the same time they file their alifying papers.		
			5709, Tallahassee, FL 32317-5709; physical <i>Thereafter</i> , local officers/employees, state				

address: 3600 Maclay Blvd. South, Suite 201,

Candidates file this form together with their

falls under, see the "Who Must File" Instructions

To determine what category your position

Tallahassee, FL 32312.

qualifying papers.

on page 3.

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.

officers, and specified state employees are

required to file by July 1st following each

calendar year in which they hold their posi-

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.

tions.