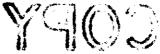
)[
FORM 1		STATEMENT OF				2089
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERE	ESTS		
LAST NAME - FIRST NAME - MIDD KEVOLD DAL	LE NAME	ゴ		FOR OFF		j. 0
MAILING ADDRESS: 9020 CALDOSA	R	D			, Joc	ode 88
		COUNTY				ode O
FERT MERS	3	3967 LEC			ID N).
DON HASPRINGS HIST	ocic f	RESERVATION &	MARD		1	. Code
NAME OF OFFICE OR POSITION HE DOARD NEWS TO You are not limited to the space on the	n		i necessary			eq. Code
CHECK ONLY IF CANDIDATE	OR	NEW EMPLOYEE OR APP	1			
THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPORTHE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEASE COMPARATIVE (PERCENTAGE PART A PRIMARY SOURCES OF (If you have nothing to reach the company of the	RTABLE IN RS THE C C, OR USI SE STATE SE) THRES	ETHER THIS STATEMENT IS FOR SPECIFY TAIL ATERESTS: DPTION OF USING REPORTING COMPARATIVE THRESHOUS BELOW WHETHER THIS STATE SHOLDS [Major sources of income to the must write "none" or "n/a") SOUR	OR THE PRECEDI XX YEAR IF OTHER NG THRESHOLDS DLDS, WHICH ARE TEMENT REFLECT TEMENT REFLE	ING TAX YE R THAN TH S THAT AF E USUALLY 'S EITHER	EAR END RE ABSO BASED (check o	NDAR YEAR: DLUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (500
	of the second of			ORT MYSRS, 92.339,07 BANK		
	 _					
PART B, SECONDARY SOURCES	OFINC	ME (Major customers, clients, a	and other sources o	of income to	hueinae	ses owned by the reporting person!
	eport , yo	E OF MAJOR SOURCES BUSINESS INCOME		RESS		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a") 9020 (Alousa V), From Ny Els FL 33967					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.	
						ER FORMS you may need are described on page 6.

CE FORM 1 - Eff. 1/2010

(Continued on reverse side)

SCANNED



PART D INTANGIBLE PERSONA (If you have nothing to									
TYPE OF INTANGIBL			BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES					
Checking CD4	E	DOST (OMNUNTY PARO OF SW	FL					
Chicken County		ALCOA	ST Schools FederaCR	BONT UVION					
Decomp Giraco		N. C.	1 10000 10000		8				
					둫				
					CULNOGEN1				
PART E - LIABILITIES [Major deb									
(If you have nothing to	1	"none" or "i	•		2				
NAME OF CREDIT		WATER	HANKU W D'AUDI		#25NE en C)				
CATI INVAIGNOE		m ja	HINDING DE DENGLIN	DECENTARY OF THE	- <u>11</u>				
									
PART F INTERESTS IN SPECIFIE	D BUSINESSES (Owner	ship or posit	ions in certain types of businesses)						
(If you have nothing to re	aport, you must write "no BUSINESS ENT	one" or "n/a	") BUSINESS ENTITY # 2	. BUSINESS ENTITY # 3					
NAME OF BUSINESS ENTITY	00011200 211		GODINGO ENTIT # 2	20011200 (2)1111 # 0					
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 AT	HROUGH F ARE C	ONTINUE	D ON A SEPARATE SHEET, PLE	ASE CHECK HERE					
SIGNATURE POPULATION	word		DATE SIGNED (r	101210					
FILING INSTRUCTIONS:									

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.

WHERE TO FILE:

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.

WHEN TO FILE:

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 50 days of leaving office or employment.