FINAL STATEMENT RM1F FINANCIAL INTERESTS JAN 7 2008 (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYME NAME OF REPORTING PERSON A SEER CONFFIC LAST NAME - FIRST NAME - MIDDLE NAME: MAILING ADDRESS: CHECK ONE OF THE FOLLOWING (se LOCAL OFFICER ☐ SPECIFIED STATE EMPIRONEE LIST OFFICE OR POSITION HELD: COUNCILMAN OF THIS SECTION MUST BE COMPLETED*** **DISCLOSURE PERIOD** THIS STATEMENT REFLEC R THE PERIOD BETWEEN JANUARY 1, 2007 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE _____, 2007. (Date must be prior to 12/31/07) MANNER OF CALCULATING THE LEGISLATURE A LOW FEWER CALCULATIONS TING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES RESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEAS BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS <u>OR</u> **DOLLAR VALUE THRESHOLDS** PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY SECURITY 2639 N. MONROE ST TATE OF FLURIDA AHASSEE 7 W MAIN BANKING DRYDEN NY

| PART B SECONDARY SOUR | RCES OF INCOME [Major customers, c | clients, and other sources of inc | ome to businesses owned | by reporting person] |
|--|--|--|-------------------------|-------------------------------|
| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | | | IPAL BUSINESS TY OF SOURCE |
| 1 | | | | |
| 1// | | and the second s | | |
| N/X | and the second s | | | |
| | and the second s | | | |
| The second secon | | | | |
| PART C REAL PROPERTY [| FILING INSTRUCT When and where to located at the botton | file this form are | | |

INSTRUCTIONS on who must file this form and how to fill it out begin

OTHER FORMS you may need to file are described on page 6.

on page 3 of this packet.

| D — INTANGIBLE PERSONAL PROPERTY TYPE OF INTANGIBLE | | Y [Stocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
|--|--|--|--|--|---------------------------------------|--|
| STOCK | | 1ST NATIONAL BANK OF DRYDEN, NY | | | | |
| AUNUITY | | MIDLAND NATIONAL - W. DES MOINES, IA | | | | |
| | | | | | | |
| | | | | | | |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | |
| , | | | | | | |
| NA | | | | | | |
| 174 | | | | | | |
| And the state of t | and the second s | | | | | |
| 783 | | | | | | |
| PART F — INTERESTS IN SF | PECIFIED BUSINESS | SES (Ownershir | o or positions in cer | rtain types of business | esi | |
| | BUSINESS ENT | - | • | SS ENTITY # 2 | BUSINESS ENTITY # 3 | |
| NAME OF BUSINESS ENTITY | | | | | | |
| ADDRESS OF BUSINESS ENTITY | | | | | · · · · · · · · · · · · · · · · · · · | |
| PRINCIPAL BUSINESS ACTIVITY | NA | | | and the second s | | |
| POSITION HELD WITH ENTITY | 7 | | Market State of the London State of the London | Control of the Contro | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | (| A STATE OF THE STA | and the same of th | | | |
| NATURE OF MY OWNERSHIP INTEREST | | The second secon | | | | |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | | |
| SIGNATURE: Schard L. Stevens DATE SIGNED: Yan. 7, 2008 | | | | | | |
| FILING INSTRUCTIONS: | | | | | | |
| NAMES TO FILE. | 14/ | WEDE TO EU | p- . | NOT | - . | |

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state 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 filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2007, you may not have filed Form 1 for 2006. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2006 by July 1 of 2007.