

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

K.S. "Butch" Jones

FOR OFFICE USE ONLY:

MAILING ADDRESS:

P.O. Box 63

Moore Haven 33471 Glades

CITY: ZIP: COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner - District 1

CHECK IF THIS IS A FILING BY A CANDIDATE

ID Code

ID No.

Conf. Code

P. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2007, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of May 19, 2008 was \$ 182,720.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 42,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2002 Dodge Ram SLT Quad Cab	7265.00
2006 Jeep Grand Cherokee	13255.00
3.83 AC and Home/Daniels Rd. & Park Ave.	178000
Seacoast National Bank	5000.00
Utility Trailer for Mowing	3350.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chrysler Financial, P.O. Box 1728 Newark, NJ 07101	11150.00
Seacoast National Bank, P.O. Box 912, Stuart, FL 34995	55,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
— 0 —	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2007 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2007 federal income tax return. [If you check this box and attach a copy of your 2007 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
U.S. Sugar Corporation	111 Ponce de Leon, Clewiston, FL 33440	\$59,600.00
Glades County Commission	P.O. Box 10, Moore Haven, FL 33471	\$24,609.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Jones Lawn Service	Private Residences and Businesses	P.O. Box 63 Moore Haven, FL 33471	Lawn Care

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Jones Lawn Service		
ADDRESS OF BUSINESS ENTITY	P.O. Box 63, Moore Haven		
PRINCIPAL BUSINESS ACTIVITY	Lawn Care		
POSITION HELD WITH ENTITY	Owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	100% Owner		

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Glades

Sworn to (or affirmed) and subscribed before me this 19th day of

May, 2008 by K.S. "Butch" Jones

Michelle M. Lanier
(Signature of Notary Public--State of Florida)

K.S. Butch Jones
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commission Expires Dec 16, 2009
Commission # DD462495
Personally Known X
OR Produced by National Notary Assn.

Type of Identification Produced

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.