

LAST NAME — FIRST NAME — MIDDLE NAME:
 ALLEN JENNESS HEFLIN

MAILING ADDRESS:
 3500 ORTONA LOCKS RD

CITY ZIP COUNTY
 MOORE HAVEN 33471 GLADES

NAME OF AGENCY
 GLADES COUNTY SCHOOL BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT
 GLADES COUNTY SCHOOL BOARD DISTRICT 2

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code _____

ID No. _____

Cont 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 12/31 2007 was \$ 1,285,053

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 \$ 33,590

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single Family Residence 3500 Ortona Locks Rd Moore Haven	1,300,000.00
18.19 Acres Ortona Locks Rd Moore Haven, ownership as trustee	40,500.00
1012 Ortona Locks Rd, 2 single family residences & adjoining acreage	170,291.00
40.44 Acres Coffee Mill Hammock Rd Moore Haven ownership as trustee	81,066.00
Certificate of Deposit Olde Cypress Bank, for Wamble Trust as trustee	45,000.00
Checking Olde Cypress Bank, For Wamble trust, as trustee	15,590.00
Net Value of Allen's Repair Service Inc. 50% ownership	12,113.00
Employee Stock Ownership, United States Sugar Corp.	17,457.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Olde Cypress Community Bank 45 N. Bridge St Labelle Fl 33935	358,000.00
Ford Motor Credit P.O. Box 105697 Atlanta GA 30348	11,500.00
Bank of Belle Glade P.O. Box 790 Belle Glade, Fl 33430	25,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mazda Finance P.O. Box 55000 Detroit MI 48255	15,374

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
Glades Co. Community Development	P.O. Box 235 Moore Haven, FL 33471	18,350.10
Allens Repair Service Inc.	3500 Ortona Locks Rd Moore Haven FL	5,650.00

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
Allens Repair Service	Weekly 3 Clewiston	20701 Sterling Rd Hollywood FL	Paving
Allens Repair Service	Horto Flora LLC	3626 Whitehall Dr 105 West Palm Beach FL	Potting Soil Manuf.

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 2 day of

May 20 08 by Jenness Allen

Sheree T. Humphries
(Signature of Notary Public, State of Florida)

Sheree T. Humphries
(Print, Type, or Stamp Commissioner's Name)
Personally Known OR  Florida Notary Assn., Inc.
Commission # DD0631268
Notary Public 2/21/2011

Type of Identification Produced _____

Jenness Allen
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.