

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

DNESS, JOHN M

MAILING ADDRESS:

2140 BLACKWOOD PKWY.

CITY: ZIP: COUNTY:

LABELLE 33935 GLADES

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

GLADES COUNTY SUPERVISOR OF ELECTIONS

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

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 5th~~ JUNE 5, 2008 was \$ 129,900.⁰⁰

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 \$ 10,000.⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
RESIDENCE 4044 N. EDGEWATER CIR.	180,000. ⁰⁰
RESIDENCE 4031 E. PALOMAR CIR.	160,000. ⁰⁰
2006 FORD F250	24,000. ⁰⁰
2006 CHEVROLET TRAILBLAZER	14,000. ⁰⁰

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE 4044 N. EDGEWATER CIR. EMC PO BOX 293150 LEWISVILLE, TX 75029-3150	157,000. ⁰⁰
MORTGAGE 4031 E. PALOMAR CIR. CITI MORTGAGE 1000 TECHNOLOGY DR. O'FALLON, MO 63368	69,000. ⁰⁰
CHASE BANK PO BOX 94014 PALATINE, IL 60094-4014	1700. ⁰⁰
HOME DEPOT Forum DR. FT. MYERS, FL 33907	2400. ⁰⁰

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
WELLS FARGO PO BOX 29704 PHOENIX AZ 85032-9704	28,000. ⁰⁰

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
HIGHLANDS COUNTY EMS	10500 GEORGE BLVD SEBRING, FL 33870	42,000.00

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

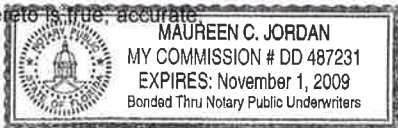
PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
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.



[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Hendry

Sworn to (or affirmed) and subscribed before me this 5th day of

June, 2008 by John M. Dyess

Maureen C. Jordan
(Signature of Notary Public--State of Florida)

MAUREEN C. JORDAN
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification X

Type of Identification Produced FL-Dr. Lic.

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.