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FORM 1 F

FINAL STATEMENT OF RECEIVED
FINANCIAL INTERESTS

2005

2007 JUN 12 AM 11:08

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: PARKINS DAVID L			NAME OF REPORTING PERSON'S AGENCY: FLORIDA DEPARTMENT OF REVENUE
MAILING ADDRESS: PO BOX 1270			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY: Ocala	ZIP: 34479	COUNTY: MARION	
LIST OFFICE OR POSITION HELD: _____			

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2005 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS _____, 2005. (Date must be prior to 12/31/05)

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Ocala	PO BOX 1270 Ocala FL	GOVERNMENTAL

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			
I own 2 LICENSES FOR BUSINESSES which I DO NOT ACTUALLY WORK AT THIS TIME.			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

RESIDENCE (ADDRESS CONFIDENTIAL FROM PUBLIC RECORDS ACCESS DUE TO GOVERNMENTAL EMPLOYEE)	1861 NE 80 ST	Ocala FL

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 of this packet.

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

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

RECEIVED

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

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SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

RESIDENCE

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	DL PARKINS HOME MAINT	DL PARKINS CABINET SHOP	
ADDRESS OF BUSINESS ENTITY	1861 NE 80 ST	1861 NE 80 ST	
PRINCIPAL BUSINESS ACTIVITY	HOME MAINT	FURNITURE BUILDING	
POSITION HELD WITH ENTITY	OWNER	OWNER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE:

DATE SIGNED:

5/4/07

FILING INSTRUCTIONS:

WHAT TO FILE:

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

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 you take another position within the 60-day period that requires you to file 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 2005, you may not have filed Form 1 for 2004. 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 2004 by July 1 of 2005.