

The tables in this file are for continuation of tables in the disclosure if you need additional space.

Only submit pages that you use to continue tables from the disclosure.

Do not submit blank pages with your disclosure.

Thank you

TABLE 3

Name and Address of Institutional Investor	% of Ownership	Number of Shares Held
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	
	%	

TABLE 8

Taxing Agency	Type of tax	Date of Taxing Period (MM/YY)	Amount

TABLE 9

Name of candidate/ office holder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				
Last Name:					
First Name:	MI:				

TABLE 10

Name Of Official Or Officer		Title	Business Address	Telephone Number
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	

Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	
Last Name:			Address:	()
			City:	
First Name:	MI:		State:	
			ZIP:	

TABLE 12

Name	Date of Birth	Home Address	% of Direct Ownership	Title/Position
Last Name: First Name: MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name: MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name: MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name: MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name: MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name: MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name: MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		

Last Name: First Name: MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name: MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name: MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		