



DECLARATION OF INTEREST
 I, the undersigned, do hereby declare that the information
 furnished by me is true and accurate and that I am not
 aware of any other person who is or has been

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

Position: _____
 Date: _____
 Signature: _____
 Title: _____
 Date: _____

Signature of Notary Public: _____

Notary Public for the State of _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

1	2	3	4
1	2	3	4
2	3	4	5
3	4	5	6
4	5	6	7
5	6	7	8
6	7	8	9
7	8	9	10
8	9	10	11
9	10	11	12
10	11	12	13
11	12	13	14
12	13	14	15
13	14	15	16
14	15	16	17
15	16	17	18
16	17	18	19
17	18	19	20
18	19	20	21
19	20	21	22
20	21	22	23
21	22	23	24
22	23	24	25
23	24	25	26
24	25	26	27
25	26	27	28
26	27	28	29
27	28	29	30
28	29	30	31
29	30	31	32
30	31	32	33
31	32	33	34
32	33	34	35
33	34	35	36
34	35	36	37
35	36	37	38
36	37	38	39
37	38	39	40
38	39	40	41
39	40	41	42
40	41	42	43
41	42	43	44
42	43	44	45
43	44	45	46
44	45	46	47
45	46	47	48
46	47	48	49
47	48	49	50
48	49	50	51
49	50	51	52
50	51	52	53
51	52	53	54
52	53	54	55
53	54	55	56
54	55	56	57
55	56	57	58
56	57	58	59
57	58	59	60
58	59	60	61
59	60	61	62
60	61	62	63
61	62	63	64
62	63	64	65
63	64	65	66
64	65	66	67
65	66	67	68
66	67	68	69
67	68	69	70
68	69	70	71
69	70	71	72
70	71	72	73
71	72	73	74
72	73	74	75
73	74	75	76
74	75	76	77
75	76	77	78
76	77	78	79
77	78	79	80
78	79	80	81
79	80	81	82
80	81	82	83
81	82	83	84
82	83	84	85
83	84	85	86
84	85	86	87
85	86	87	88
86	87	88	89
87	88	89	90
88	89	90	91
89	90	91	92
90	91	92	93
91	92	93	94
92	93	94	95
93	94	95	96
94	95	96	97
95	96	97	98
96	97	98	99
97	98	99	100

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

My Commission Expires on _____

My Commission Number is _____

COMMITTEE CLERK _____

I, the undersigned, do hereby certify that the information
 furnished by me is true and accurate and that I am not
 aware of any other person who is or has been

Signature: _____
 Title: _____
 Date: _____

Signature of Notary Public: _____
 Notary Public for the State of _____
 My Commission Expires on _____
 My Commission Number is _____

Signature of Notary Public: _____
 Notary Public for the State of _____
 My Commission Expires on _____
 My Commission Number is _____

Signature of Notary Public: _____
 Notary Public for the State of _____
 My Commission Expires on _____
 My Commission Number is _____

Signature of Notary Public: _____
 Notary Public for the State of _____
 My Commission Expires on _____
 My Commission Number is _____

Signature of Notary Public: _____
 Notary Public for the State of _____
 My Commission Expires on _____
 My Commission Number is _____