

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2022 JUN 15 PM 2:41

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Kristin Elizabeth Dozier

3. Address (include post office box or street, city, state, zip code)

PO Box 5651
Tallahassee FL 32314

4. Telephone

(850) 509-2907

5. E-mail address

kristindozier@gmail.com

6. Office sought (include district, circuit, group number)

Mayor, City of Tallahassee, seat 4

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Kristin Dozier

11. Mailing Address

1434 Spruce Avenue

12. Telephone

(850) 509-2907

13. City

Tallahassee

14. County

Leon

15. State

FL

16. Zip Code

32303

17. E-mail address

kristindozier@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Prime Meridian Bank

20. Address

1471 Timberlane Rd

21. City

Tallahassee

22. County

Leon

23. State

FL

24. Zip Code

32312

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6/15/22

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Kristin Dozier, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/15/22

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
2022 MAR -3 A 10:16

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. **Name of Candidate** (in this order: First, Middle, Last)
Kristin Elizabeth Dozier

3. Address (include post office box or street, city, state, zip code)
PO Box 5651
Tallahassee, FL 32314

4. Telephone
(850) 509-2907

5. E-mail address
kristindozier@gmail.com

6. **Office sought** (include district, circuit, group number)
Tallahassee City Commission, Seat 4/ Mayor

7. **If a candidate for a nonpartisan office, check if applicable:**
 My intent is to run as a Write-In candidate.

8. **If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a
 Write-In No Party Affiliation _____ Party candidate.

9. **I have appointed the following person to act as my** Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Shelby Green

11. Mailing Address
PO Box 5651

12. Telephone
(850) 661-3941

13. City
Tallahassee

14. County
Leon

15. State
FL

16. Zip Code
32314

17. E-mail address
sbsllc2017@gmail.com

18. **I have designated the following bank as my** Primary Depository Secondary Depository

19. Name of Bank
Prime Meridian

20. Address
1471 Timberlane Rd

21. City
Tallahassee

22. County
Leon

23. State
FL

24. Zip Code
32312

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date
3.3.22

26. Signature of Candidate
X *Kat Dozier*

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, Shelby Green, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3/3/2022
Date

X *[Signature]*
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

2022 MAR -3 A 10: 15

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

I, Kristin Dozier,

candidate for the office of Tallahassee City Commission - Seat 4 / Mayor ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

3.3.22

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2022 JUN -3 A 10: 17

June 3, 2022

VIA HAND DELIVERY

Mark S. Earley, Supervisor of Elections
Leon County Supervisor of Elections Office
2990-1 Apalachee Parkway
Tallahassee, Florida 32301

Re: Resignation as Leon County Commissioner, District 5 - §99.012, Florida Statutes

Dear Supervisor Earley:

This letter is my irrevocable resignation from the office I presently hold as a Leon County Commissioner, District 5.

Pursuant to the provisions of Section 99.012(3), Florida Statutes, this resignation shall take effect on the earlier of the following dates: (1) the date I will take office if elected as Mayor of Tallahassee, the office for which I am now running; or (2) the date my successor as Leon County Commissioner will take office.

To be clear, it is my intention for my resignation to take effect whenever the law requires in accordance with the statute.

Sincerely yours,



Kristin Dozier

cc: Governor Ron DeSantis
Secretary Cord Byrd

Mark S. Earley
Supervisor of Elections
Leon County, Florida

RECEIPT FOR QUALIFYING FEE

RECEIVED

2022 JUN 15 P 2:29

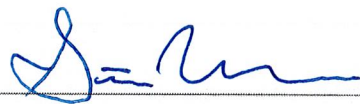
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

Received this 15 day of June, 2022 from Kristin Dozier,
(Candidate's name)

campaign check number 1024 in the amount of \$ 839.45, made payable to

the Leon County Supervisor of Elections, the qualifying fee for the office of

Mayor, City of Tallahassee Seat 4
(Office sought)


SOE Staff Signature

QUALIFYING FEES

Office	Qualifying Fee
Leon County Judge	\$6,255.08
Leon County Commission	\$3,357.80
Leon County School Board	\$1,634.24
City of Tallahassee Mayor	\$839.45
Tallahassee City Commission	\$419.73
Leon Soil & Water Conservation District Supervisor	\$25.00
Capital Region Community Development District (CDD)	\$25.00
Piney-Z Community Development District (CDD)	\$25.00

*Note:

1. All local offices up for election this year are nonpartisan, which is why there are not multiple qualifying fee options.
2. The qualifying fees are based on a percentage of the salary as of July 1, 2021 per 99.092(1) F.S.
3. The qualifying fee for a candidate running for a **non-partisan county office** or as a **NPA candidate for partisan office** (excluding CDDs and Special Districts) is 4% of the annual salary of the office (3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
4. The qualifying fee for **non-partisan city commission office or mayor** is 1% of the annual salary per the City of Tallahassee Charter.
5. No fee shall be returned to the candidate unless the candidate withdraws his/her candidacy prior to the end of qualifying per 99.092(1) F.S.

**CANDIDATE OATH
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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2022 JUN 15 P 2:29

OFFICE USE ONLY

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Kristin Dozier
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Mayor, City of Tallahassee ~~32303~~
(Office) (District #)

4; I am a qualified elector of Leon County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 105-074-571

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X Kristin Dozier (850) 509.2907 KristinDozier@gmail.com
Signature of Candidate Telephone Number Email Address

1434 Spruce Ave. Tallahassee FL 32303
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF LEON

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 15 day of JUNE, 2022.
Personally Known OR Produced Identification
Type of Identification Produced: DRIVER LICENSE



OFFICE USE ONLY

RECEIVED

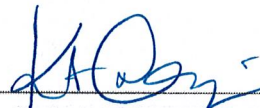
2022 JUN 15 P 2:30

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

CITY OF TALLAHASSEE OATH
(Section 7-5(a), City of Tallahassee Charter)

STATE OF FLORIDA
COUNTY OF LEON
CITY OF TALLAHASSEE

Before me, an officer authorized to administer oaths and take acknowledgments, personally appeared Kristin Dozier, who being first duly sworn says that he or she is a candidate for nomination for the office of (mayor or city commissioner) for the full (unexpired or full) term municipal primary election to be held in the year 2022; that he or she is a resident and qualified elector in the City of Tallahassee; that he or she is duly qualified to hold office under the constitution and laws of the State of Florida, and that he or she has not violated any of the laws of the city or state relating to primary or general elections or the registration of voters therefore.



SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this 15 day of JUNE, A.D., 2022, in the City of Tallahassee, Florida.



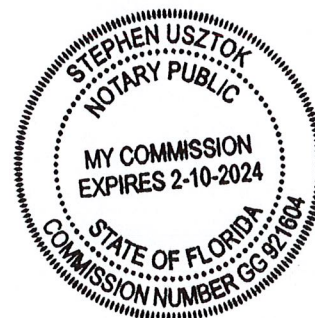
NOTARY PUBLIC

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced:

DRIVER LICENSE



FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2021

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Dozier, Kristin Elizabeth

MAILING ADDRESS :

1434 Spruce Avenue

CITY : ZIP : COUNTY :

Tallahassee 32303 Leon

NAME OF AGENCY :

City of Tallahassee

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Mayor, City of Tallahassee, City Commission Seat 4

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**FLORIDA
COMMISSION ON ETHICS**
JUN 15 2022
RECEIVED

RECEIVED
2022 JUN 15 P 2:30
 SUPERVISOR OF ELECTIONS
 LEON COUNTY, FLORIDA

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR **DOLLAR VALUE THRESHOLDS**

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Leon County Commission	301 South Monroe St., Tallahassee 32301	County Commissioner District 5

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Campus USA	P.O. Box 147029, Gainesville, FL 32614 (Car Loan)
Navient	P.O. Box 9533, Wilkes-Barre, PA 18773 (Student Loans)

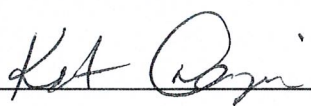
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

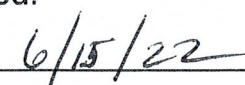
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature: _____


Date Signed: _____


CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

FORM 6

FULL AND PUBLIC DISCLOSURE

2021

Please print or type your name, mailing address, agency name, and position below:

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

RECEIVED

2022 JUN 15 P 2:30

SUPERVISOR OF ELECTIONS
FLORIDA COUNTY, FLORIDA

COMMISSION ON ETHICS

JUN 15 2022

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Dozier, Kristin Elizabeth

MAILING ADDRESS:

1434 Spruce Avenue

CITY: ZIP: COUNTY:

Tallahassee 32303 Leon

NAME OF AGENCY:

Leon County Government

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Leon County Commissioner, District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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 December 31, 2021 was \$ 43,819.87.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ \$32,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2018 Subaru Outback 3.6R Limited	\$28,300.00
Capital City Bank Savings Account	\$12,047.76
Capital City Bank Checking Account	\$22,480.67

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Campus USA, P.O. Box 147029, Gainesville, FL 32614 : Car Loan 2018 Subaru Outback:	\$19,316.00
Navient, P.O. Box 9533, Wilkes-Barre, PA 18773: Student Loans	\$19,238.71
Capital One Venture,	\$6,720.86
Barclay Mastercard, P.O. Box 8802, Wilmington, DE 19899	\$5,732.99

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2021 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2021 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Leon County Commission	301 S. Monroe St. Tallahassee, FL 32301	\$92,822.11

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

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 [Instructions on page 6]

	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			

RECEIVED
 2022 JUN 15 P 2:30
 SUPERVISOR OF ELECTIONS
 LEON COUNTY FLORIDA

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 Leon
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 15 day of

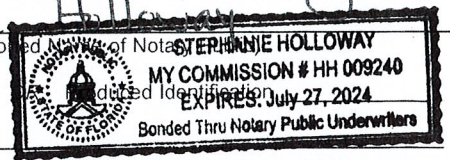
June, 2022 by Kristin Dozier

Stephanie Holloway
 (Signature of Notary Public--State of Florida)

Stephanie Holloway
 (Print, Type, or Stamp Commissioned Notary of Notary Public)

Personally Known

Type of Identification Produced _____



Kristin Dozier
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

 Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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