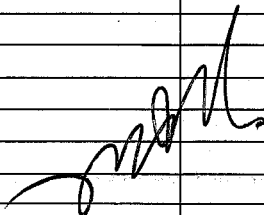




NAMES OF CLIENTS (Continued)

NAMES OF AGENCIES (Continued)



**PART D  
FILING INSTRUCTIONS**

This form, when completed and signed, should be filed with the Clerk of the Circuit Court of the county in which you are principally employed or a resident if you are a local officer. If you are a state officer or specified employee, please file with the Secretary of State. It is due not later than fifteen (15) days following the calendar quarter during which the representation was made. This form need not be filed if no reportable representations were made during the quarter.

**PART E**

\_\_\_\_\_  
SIGNATURE OF PERSON DISCLOSING

\_\_\_\_\_  
DATE SIGNED

**NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317 (1975), A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$5,000.**