

**QUESTION 5(a) - AMENDMENT FORM**

5. (a) List the name, address and description of any occupation, employment (other than the employment listed under Item 2 above), trade, business or profession engaged in by the reporting individual. If such activity was licensed by any state or local agency, was regulated by any state regulatory agency or local agency, or, as a regular and significant part of the business or activity of said entity, did business with, or had matters other than ministerial matters before, any state or local agency, list the name of any such agency.

NONE/NA

Position	Name & Address of Organization	Description	State or Local Agency

<i>Employee Details</i>	
<i>Name</i>	
<i>Title of position</i>	
<i>Address of present office</i>	

\_\_\_\_\_  
Signature of reporting individual

\_\_\_\_\_  
Date