

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTEREST****2013**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

Abruzzo-Joseph-Constantine

MAILING ADDRESS:

10539 Cape Delabra Ct.

PROCESSED**FLORIDA
COMMISSION ON ETHICS**

JUN 27 2014

RECEIVED

223290

CITY :

Boynton Beach

ZIP :

33473

COUNTY :

Palm Beach

NAME OF AGENCY :

Florida Senate

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Florida Senator, District 25

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, 2013, 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 31st, 20 13 was \$ 348,643.37.**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.

The aggregate value of my household goods and personal effects (described above) is \$ 209,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Checking Account (Chase Bank Account) cash and cash equivalent	9,815.51
Savings Account (Chase Bank Account) cash and cash equivalent	16,827.80
Joseph C Abruzzo Trust	175,000.00

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
U.S. Bank Auto Loan, 800 Nicollet Mall Minneapolis, MN 55402	62,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2013 federal income tax return, *including all W2's, schedules, and attachments*, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.



I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.

[If you check this box and attach a copy of your 2013 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

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	Abruzzo Issues Management, LLC		
ADDRESS OF BUSINESS ENTITY	301 Yamato Road #1240 Boca Raton, FL		
PRINCIPAL BUSINESS ACTIVITY	Consulting		
POSITION HELD WITH ENTITY	Owner of LLC		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	Owner of LLC		

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

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 Palm Beach

Sworn to (or affirmed) and subscribed before me this 25th day of

June, 2014 by Sen. Joseph Abruzzo

(Signature of Notary Public--State of Florida)

Kathy Adler
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____

OR

Produced Identification _____

KATHY ADLER

Notary Public - State of Florida

My Comm. Expires May 18, 2016

Commission # EE 172557

Bonded Through National Notary Assn.

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced _____

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.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning _____, 2013, ending _____, 20

Your first name and initial **Joseph C** Last name **Abruzzo** See separate instructions.
If a joint return, spouse's first name and initial _____ Last name _____ Your social security number _____
Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. **10539 Cape Delabra Court** Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Boynton Beach FL 33473** Make sure the SSN(s) above and on line 6c are correct.

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status 1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ☐ 5 ☐ Qualifying widow(er) with dependent child
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ☐

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b **1**
b ☐ Spouse No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instructions)
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)
If more than four dependents, see instructions and check here ☐ Dependents on 6c not entered above
d Total number of exemptions claimed Add numbers on lines above **1**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **136,360.**
8a Taxable interest. Attach Schedule B if required **8a**
b Tax-exempt interest. Do not include on line 8a **8b**
9a Ordinary dividends. Attach Schedule B if required **9a**
b Qualified dividends **9b**
10 Taxable refunds, credits, or offsets of state and local income taxes **10**
11 Alimony received **11**
12 Business income or (loss). Attach Schedule C or C-EZ **12**
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**
14 Other gains or (losses). Attach Form 4797 **14**
15a IRA distributions **15a** b Taxable amount **15b**
16a Pensions and annuities **16a** b Taxable amount **16b**
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** **52,461.**
18 Farm income or (loss). Attach Schedule F **18**
19 Unemployment compensation **19**
20a Social security benefits **20a** b Taxable amount **20b**
21 Other income. List type and amount **21**
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22** **188,821.**

Adjusted Gross Income 23 Educator expenses **23**
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**
25 Health savings account deduction. Attach Form 8889 **25**
26 Moving expenses. Attach Form 3903 **26**
27 Deductible part of self-employment tax. Attach Schedule SE **27**
28 Self-employed SEP, SIMPLE, and qualified plans **28**
29 Self-employed health insurance deduction **29**
30 Penalty on early withdrawal of savings **30**
31a Alimony paid b Recipient's SSN **31a**
32 IRA deduction **32**
33 Student loan interest deduction **33**
34 Tuition and fees. Attach Form 8917 **34**
35 Domestic production activities deduction. Attach Form 8903 **35**
36 Add lines 23 through 35 **36**
37 Subtract line 36 from line 22. This is your adjusted gross income **37** **188,821.**

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	188,821.
39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,100.
41	Subtract line 40 from line 38	41	182,721.
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	3,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	178,821.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	43,363.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	43,363.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	43,363.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	43,363.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	25,266.
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b	64b	
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	1,461.
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	26,727.

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number <u>X X X X X X X X X X</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>X X X X X X X X X X X X X X X X</u>		
75	Amount of line 73 you want applied to your 2014 estimated tax ▶ 75	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	16,881.
77	Estimated tax penalty (see instructions)	77	245.

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶	Phone no. ▶		

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Joseph C Abruzzo

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note.** If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (e) on line 28 and attach **Form 6198**. See instructions.

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Abruzzo Issues Management, LLC	S	<input type="checkbox"/>		<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss			Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					52,461.
B					
C					
D					
29a Totals					52,461.
b Totals					
30 Add columns (g) and (j) of line 29a				30	52,461.
31 Add columns (f), (h), and (i) of line 29b				31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32	52,461.

Part III Income or Loss From Estates and Trusts

33		(a) Name		(b) Employer identification number	
A					
B					
Passive Income and Loss			Nonpassive Income and Loss		
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1	
(f) Other income from Schedule K-1					
A					
B					
34a	Totals				
b	Totals				
35	Add columns (d) and (f) of line 34a				35
36	Add columns (c) and (e) of line 34b				36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below				37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39	

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	52,461.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

This information is being furnished to IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C--For EMPLOYEE'S RECORDS (See Notice to Employee.)

38-2099803
OMB No. 1545-0008

a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 62000.00	2 Fed. income tax withheld 12257.00
b Employer ID number (EIN) 462572789	3 Social security wages 62000.00	4 Soc. sec. tax withheld 3844.00
	5 Medicare wages and tips 62000.00	6 Medicare tax withheld 899.00

c Employer's name, address, and ZIP code
Abruzzo Issues Management, LLC
301 Yamato Road
Suite #1240
Boca Raton, FL 33431

2G2PABRU

d Control number 1

e Employee's name, address, and ZIP code
Joseph Abruzzo
3307 Pomerol Drive
#104
Wellington, TN 33414

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
FL 111111111	62000.00	0.00
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement
2G2PABRU 02/09/14 17:54 2/9/2014 5:20:13 PM

Dept. of the Treasury - IRS

Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return

38-2099803
OMB No. 1545-0008

a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 62000.00	2 Fed. income tax withheld 12257.00
b Employer ID number (EIN) 462572789	3 Social security wages 62000.00	4 Soc. sec. tax withheld 3844.00
	5 Medicare wages and tips 62000.00	6 Medicare tax withheld 899.00

c Employer's name, address, and ZIP code
Abruzzo Issues Management, LLC
301 Yamato Road
Suite #1240
Boca Raton, FL 33431

2G2PABRU

d Control number 1

e Employee's name, address, and ZIP code
Joseph Abruzzo
3307 Pomerol Drive
#104
Wellington, TN 33414

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
FL 111111111	62000.00	0.00
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

2013

Dept. of the Treasury - IRS

9595

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. WEISS, HANDLER & CORNWELL, P.A. 2255 GLADES ROAD STE 218-A BOCA RATON, FL 33431 (561) 997-9995		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	
		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
PAYER'S federal identification number 59-2497826	RECIPIENT'S identification number [REDACTED]	7 Nonemployee compensation \$ 40000.00	8 Substitute payments in lieu of dividends or interest \$	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.
RECIPIENT'S name AIM, LLC		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
Street address (including apt. no.) 301 YAMATO ROAD STE 1240		11 Foreign tax paid \$	12 Foreign country or U.S. possession \$	
City or town, province or state, country, and ZIP or foreign postal code BOCA RATON, FL		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
Account number (see instructions) [REDACTED]	2nd TIN not <input type="checkbox"/>	15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$
		17 State/Payer's state no. FL 0698230	18 State income \$	

Form 1099-MISC

41-0852411

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

a Employee's social security number [REDACTED]		Payroll organization code 11-11-11-90-025		Intradepartment number 0000000000	
b Employer identification number 59 - 6001874		1 Wages, tips, other compensation 28,206.12		2 Federal income tax withheld 3,454.68	
c Employer's name, address, and ZIP code State of Florida Jeff Atwater, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 29,097.00		4 Social security tax withheld 1,804.01	
		5 Medicare wages and tips 29,097.00		6 Medicare tax withheld 421.91	
		7 Social security tips		10 Dependent care benefits	
d Control number 365 01/07		11 Nonqualified plans		12a See instructions for box 12 DD 6,901.12	
e Employee's first name, mi, and last name JOSEPH C ABRUZZO 443 BELLE GROVE LANE ROYAL PALM BEAC, FL 33411		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other 125 600.00		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** WAGE AND TAX STATEMENT **2013**

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

ASSIGNMENT SEPARATE FROM CERTIFICATE

FOR VALUE RECEIVED, I, CONSTANTINE A. CATALDO, hereby sell, assign and transfer unto the following named persons, shares representing one hundred seventy-five (175) shares of the Common Stock of CLARK-OHIO ASSOCIATES, INC. (the "Corporation"), standing in my name on the books of said Corporation and do hereby irrevocably constitute and appoint SCOTT A. SINAR attorney to transfer the said stock on the books of the within named Corporation with full power of substitution in the premises.

JOSEPH C. ABRUZZO TRUST

35 Shares

[REDACTED]

35 Shares

[REDACTED]

35 Shares

[REDACTED]

35 Shares

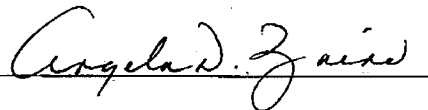
[REDACTED]

35 Shares

Dated as of December 1, 2012


CONSTANTINE A. CATALDO

IN THE PRESENCE OF:



Print Name: ANGELA D. ZAINO