

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/26/2023

General Information

Name: Hon Stacy Daryl Glick

CONFIDENTIAL

Address: 175 NW 1ST AVE STE 2128, MIAMI, FL 33128

PID 224406

County: Miami-Dade

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	
Judicial Circuit (11Th)	Elected Constitutional Officer	Circuit Court Judge

Net Worth

My Net Worth as of June 26, 2023 was \$ 7,400,000.00.

Assets

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 effect is \$ 300,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Primary Residence {REDACTED}	\$ 2,950,000.00
Condominium {REDACTED}	\$ 1,350,000.00
Deferred Compensation	\$ 25,000.00
Checking Account Chase Personal	\$ 305,000.00
Cash, BDP, MMF	\$ 256,241.28
savings in time Deposits Morgan Stanley	\$ 13,155.20
Stocks (Morgan Stanley acct)	\$ 843,636.77
ETF and CEFs (Morgan Stanley acct)	\$ 544,558.37
municipal bonds (Morgan Stanley acct)	\$ 40,350.83
corporate fixed income (Morgan Stanley acct)	\$ 81,317.90
Mutual Funds (Morgan Stanley acct)	\$ 245,017.54
unit investment trust (Morgan Stanley acct)	\$ 100,883.75
annuities and insurance (Morgan Stanley acct)	\$ 781,472.85
City National Bank Checking Account	\$ 184,665.76

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Chase Bank (mortgage)	USA	\$ 255,238.00
BMW Financial (car)	North America	\$ 4,425.00
Huntington Bank (boat)	Columbus, Ohio	\$ 14,833.19

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

☒ I elect to file a copy of my 2022 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida	Tallahassee, FL	\$ 182,000.00
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Stacy Daryl Glick

Digitally signed: 06/26/2023

Filed with COE: 06/26/2023

IRS e-file Signature Authorization

CLIENT COPY

OMB No. 1545-0074

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name

STACY DARYL GLICK

Social security number

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	167,170
2	Total tax	2	29,273
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	30,848
4	Amount you want refunded to you	4	1,575
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize HRB TAX GROUP INC to enter or generate my PIN as my
signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ SIGNATURE AND DATE ON FILE

Date ▶

Spouse's PIN: check one box only

- ☐ I authorize to enter or generate my PIN as my
signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only — continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Date ▶ 03-30-2023

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (Rev. 01-2023)

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2022

Attachment
Sequence No. 07

Name(s) shown on Form 1040 or 1040-SR

STACY DARYL GLICK

Your social security no.

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040 or 1040-SR, line 11	2	167,170		
3	Multiply line 2 by 7.5% (0.075)	3	12,538		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
Taxes You Paid		5 State and local taxes.			
a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒		5a	1,100		
b State and local real estate taxes (see instructions)		5b	12,360		
c State and local personal property taxes		5c			
d Add lines 5a through 5c		5d	13,460		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)		5e	10,000		
6 Other taxes. List type and amount:		6			
7 Add lines 5e and 6		7			10,000
Interest You Paid		8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐			
Caution: Your mortgage interest deduction may be limited. See instructions.		a Home mortgage interest and points reported to you on Form 1098. See instructions if limited		8a	8,144
		b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		8b	0
		c Points not reported to you on Form 1098. See instructions for special rules		8c	
		d Reserved for future use		8d	
		e Add lines 8a through 8c		8e	8,144
9 Investment interest. Attach Form 4952 if required. See instructions		9			
10 Add lines 8e and 9		10			8,144
Gifts to Charity		11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		11	871
Caution: If you made a gift and got a benefit for it, see instructions.		12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		12	500
13 Carryover from prior year		13			
14 Add lines 11 through 13		14			1,371
Casualty and Theft Losses		15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15	0
Other		16 Other -- from list in instructions. List type and amount:		16	
Itemized Deductions				16	
Total		17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12		17	19,515
Itemized Deductions		18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐			

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2022

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the one box. qualifying person is a child but not your dependent:

Your first name and middle initial STACY DARYL		Last name GLICK	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apt. no.
Foreign country name			Foreign province/state/county
Foreign postal code			Foreign tax or refund.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien**Age/Blindness** **You:** ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐					

Income		1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 167,170	
		b Household employee wages not reported on Form(s) W-2	1b	
		c Tip income not reported on line 1a (see instructions)	1c	
		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
		e Taxable dependent care benefits from Form 2441, line 26	1e	
		f Employer-provided adoption benefits from Form 8839, line 29	1f	
		g Wages from Form 8919, line 6	1g	
		h Other earned income (see instructions)	1h	
		i Nontaxable combat pay election (see instructions) 1i		
		z Add lines 1a through 1h	1z 167,170	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest	2a	b Taxable interest	2b
	3a Qualified dividends	3a	b Ordinary dividends	3b
	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Social security benefits	6a	b Taxable amount	6b
	c If you elect to use the lump-sum election method, check here (see instructions)			
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	
8 Other income from Schedule 1, line 10			8	
9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9 167,170	
10 Adjustments to income from Schedule 1, line 26			10	
11 Subtract line 10 from line 9. This is your adjusted gross income			11 167,170	
12 Standard deduction or itemized deductions (from Schedule A)			12 19,515	
13 Qualified business income deduction from Form 8995 or Form 8995-A			13	
14 Add lines 12 and 13			14 19,515	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15 147,655	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

2022 STATE AND LOCAL GENERAL SALES TAX DEDUCTION WORKSHEET

(See Schedule A instructions for line 5a Worksheet)

STACY DARYL GLICK

Keep for Your Records

1a. Available income shown on Form 1040 or 1040-SR, line 8b	1a.	<u>167,170</u>	
b. Tax-exempt interest income	1b.	<u></u>	
c. Nontaxable combat pay	1c.	<u></u>	
d. Nontaxable part of social security and railroad retirement benefits	1d.	<u></u>	
e. Nontaxable part of IRA, pension, or annuity distributions not including rollovers	1e.	<u></u>	
f. Nontaxable unemployment compensation	1f.	<u></u>	
g. Other adjustments to total available income	1g.	<u></u>	
h. Total available income. Add lines 1a through 1g	1h.	<u>167,170</u>	
2. Family size	2.	<u>1</u>	
3. Enter your state general sales taxes from the applicable table in the instructions (see instructions) FL	3.	<u>1,100</u>	

Next. If, for all of 2022, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, Rhode Island, skip lines 4 through 7, enter -0- on line 8 and go to line 9. Otherwise, go to line 4.

4. Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2022?		
• No. Enter -0-. • Yes. Enter your local general sales taxes from the applicable table in the instructions. (see instructions)	4.	<u>0</u>
5. Did your locality impose a local general sales tax in 2022 Residents of California and Nevada see instructions.		
• No. Skip lines 5 through 7, enter -0- on line 8, and go to line 9. • Yes. Enter your local general sales tax rate, but omit percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2022, see instructions. (If you do not know your local general sales tax rate, contact your local government	5.	<u>0.000</u>
6. Did you enter -0- on line 4 above?		
• No. Skip lines 6 and 7 and go to line 8. • Yes. Enter your state general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0	6.	<u>0.000</u>
7. Divide line 5 by line 6. Enter the result as a decimal (rounded to at least three places)	7.	<u></u>
8. Did you enter -0- on line 4 above?		
• No. Multiply line 4 by line 5. • Yes. Multiply line 3 by line 7. If you lived in more than one locality in the same state during 2022, see instructions above.	8.	<u>0</u>
9. Enter your state and local general sales taxes paid on specified items, if any (see instructions)	9.	<u></u>
10. Deduction for general sales taxes. Add lines 3, 8, and 9. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5. Be sure to check box b on that line	10.	<u>1,100</u>

STATE AND LOCAL TAX SUMMARY

1. Total state and local income taxes	1.	<u>0</u>
2. General sales taxes (as entered or from all worksheets)	2.	<u>1,100</u>
3. Deduction taken (larger of lines 1 or 2) on Schedule A (Form 1040 or 1040-SR), line 5	3.	<u>1,100</u>

2022 STATE AND LOCAL INCOME TAX REFUND WORKSHEET – SCHEDULE 1, LINE 1

STACY DARYL GLICK

Publication 525

1. 2021 state and local income tax refund from **Form(s) 1099-G** (or similar statement)..... 1. _____
2. Amount of state and local income tax paid in 2021 relating to this refund 2. _____
3. Amount of state and local income tax paid in 2022 relating to this refund 3. _____
4. Total state and local income tax paid relating to line 1 refund. Line 2 plus line 3 4. _____ 0
5. Line 3 divided by line 4. Round to 4 decimal places 5. _____
6. Line 5 multiplied by line 1. This is the portion of the refund relating to 2021 (reduction on Sch A, ln 5) 6. _____ 0
7. Line 1 less line 6 7. _____ 0
8. 2021 Fm 1040 or 1040-SR, line 11 less line 14. If negative, enter as negative. If positive, enter zero 8. _____ 0
9. **Potentially taxable refund before limitations.** Combine lines 7 and 8. If line 9 is zero,
do not complete the rest of this worksheet. None of the refund is taxable 9. _____ 0
SEE STATEMENT BELOW

Sales Tax Limitation:

10. 2021 state and local income tax deducted 10. _____
11. 2021 state and local general sales tax that could have been deducted on 2021 Form 1040, Sch A, Ln 5 .. 11. _____
12. **Sales tax limitation.** Line 10 less line 11..... 12. _____

SALT Limitation:

13. Total state and local income taxes, RE taxes and personal property taxes paid during 2021
(Generally this is the amount on Schedule A, line 5d)..... 13. _____
14. Allowable deduction for state and local income taxes, RE taxes and personal property taxes during
2021. (Generally this is the amount on Schedule A, line 5e)..... 14. _____
15. Is line 13 greater than line 14?
☐ No Enter amount from line 9 on line 16 and go to line 17
☐ Yes Subtract line 14 from line 13 15. _____
16. Is the amount on line 9 greater than line 15?
☐ No STOP – None of your refund is taxable
☐ Yes Subtract line 15 from line 9 16. _____

Standard Deduction Limitation:

17. Taxpayer(s) required to itemize deductions in 2021? 17. ☐ Yes ☐ No
If yes, skip lines 18–23 and enter N/A next to line 24.
18. Total allowable itemized deductions from 2021 Schedule A, line 17 18. _____
19. Allowable standard deductions for 2021 based on 2022 filing status * 19. _____
20. Extra standard deduction for blind/over 65 based on 2021 taxpayer and spouse ** 20. _____
21. Add lines 19 and 20..... 21. _____
22. **Standard deductions limitation.** Line 18 less line 21, but not less than zero 22. _____

Taxable Refund Limitations Based on Unused Prior Year Credits, or Prior Year AMT:

23. **2021 Unused prior year credits limitation.** Amount from line 33 23. _____
24. **2021 AMT in limitation.** Amount from line 36 24. _____
25. Taxable refund before other adjustment. Lesser of lines 9, 12, 16, 22, 23 and 24 25. _____
26. Other adjustment: 26. _____
27. Taxable refund in 2022 Line 25 less line 26 27. _____

* S/MFS = \$12,550; MFJ/QSS = \$25,100; HOH = \$18,800

** MFJ/MFS/QW = \$1,350; S/HOH = \$1,700

* DEDUCTED STATE AND LOCAL SALES TAX IN 2021.
THEREFORE, THE REFUND IS NOT TAXABLE.

Disclaimers:

This worksheet only calculates for refunds from the 2021 year received in 2022. The worksheet cannot calculate the taxable portion of state and local income tax refunds received from other tax years or refunds based on amended returns. For these types of refunds, manual calculations and adjustments may be necessary on line 22 of the worksheet.

If multiple credits exist in the return, careful review should be made to ensure an accurate taxable refund calculation. In some cases, manual calculations and adjustments may be necessary on line 22 of the worksheet.

2023 CARRYFORWARD INFORMATION

STACY DARYL GLICK

Keep for Your Records

Itemized Returns Only – 2022 state and local tax refund (this amount may not be taxable in 2022)	_____
Charitable contributions carryover to 2023	_____
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2022 tax liability (for 2023 Form 2210 purposes)	29,273
Form 8839: 2021 carryover of unqualified expenses	_____
Refund amount applied to 2023	_____
Disallowed investment interest in 2022	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2020	_____
Mortgage interest credit from 2021	_____
Mortgage interest credit from 2022	_____
Form 8801: Minimum tax credit carryforward	_____
Potential 2023 IRA contribution from 2022 tax refund	_____
NOL carryforward:	

Regular Tax		AMT Tax	
from 2002	_____	from 2002	_____
from 2003	_____	from 2003	_____
from 2004	_____	from 2004	_____
from 2005	_____	from 2005	_____
from 2006	_____	from 2006	_____
from 2007	_____	from 2007	_____
from 2008	_____	from 2008	_____
from 2009	_____	from 2009	_____
from 2010	_____	from 2010	_____
from 2011	_____	from 2011	_____
Gross NOL generated in 2022	_____	Gross AMT NOL generated in 2022	_____
To be absorbed in carryback period	_____	To be absorbed in carryback period	_____
Net carryforward from 2022	_____	Net carryforward from 2022	_____
Total carryforward to 2023	_____	Total carryforward to 2023	_____

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2023 _____
- General Business Credit carryforward to 2023 _____
- First-Time Homebuyer Credit Repayment carryforward to 2023 _____
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2023.

2022 FEDERAL TAX WITHHOLDINGS ATTACHMENT

STACY DARYL GLICK

W-2 STATE OF FL
TOTAL TO FORM 1040/1040-SR LINE 25D

30,848
30,848

2022 FEDERAL TAX WITHHOLDINGS ATTACHMENT

STACY DARYL GLICK
[REDACTED]

W-2 STATE OF FL
TOTAL TO FORM 1040/1040-SR LINE 25D

30,848
30,848

2022 SCHEDULE A - ITEMIZED DEDUCTIONS ATTACHMENT

STACY DARYL GLICK
[REDACTED]

GIFTS BY CASH OR CHECK

JOE DIMAGGIO	120
IN THE ROOM INC	25
CHARITY CONTRIBUTIONS	100
AMERICAN RED CROSS	100
NAMI WALK	100
UNICEF	126
MEAL TRAIN	200
NPF	100
TOTAL TO SCHEDULE A LINE 11	871

GIFTS OTHER THAN CASH OR CHECK

GOODWILL	500
TOTAL TO SCHEDULE A LINE 12	500

2022 WAGES AND SALARIES SUMMARY ATTACHMENT

STACY DARYL GLICK

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
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STATE OF FL	59-6001874	T	167,170	30,848	9,114				
TOTAL			167,170	30,848	9,114				