



2011 MAR 16 PM 12:47

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Johnston Ann Helene

1. Office, Agency, or Court

Agency Name City of Stockton  
Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position Mayor

▶ If filing for multiple positions, list below or on an attachment.

Agency: - see attachment - Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County \_\_\_\_\_
- City of Stockton
- Judge (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  
The period covered is \_\_\_\_\_, through December 31, 2010.
- Assuming Office: Date \_\_\_\_\_
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
  - The period covered is January 1, 2010, through the date of leaving office.
  - The period covered is \_\_\_\_\_, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: 89

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that t

Date Signed March 7, 2011 Signature \_\_\_\_\_  
(month, day, year)

**ANN H. JOHNSTON  
ATTACHMENT TO FORM 700  
2010 ANNUAL STATEMENT**

Section 1: Office, Agency or Court

<u>Agency</u>	<u>Position</u>
CSUS-Stockton Center Site Authority	Member/Director
Stockton City Council	Mayor
City-County Transit District Liaison	Member
San Joaquin County Council of Governments	Member
San Joaquin Partnership Board of Directors	Member
City of Stockton Redevelopment Agency	Chair
City of Stockton Public Financing Authority	Chair
San Joaquin Regional Rail Commission	Member
San Joaquin County Workforce Investment Board	Member
San Joaquin Valley Air Pollution Control District Board of Directors	Member
City County Coordinating Committee	Member

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Ann Johnston

▶ NAME OF BUSINESS ENTITY  
The Ballooney Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Retail party supplies

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Johnston Wood Studio

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
wood working studio

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other sole proprietor w/spouse  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED                  DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

Name  
Ann Johnston

**1. BUSINESS ENTITY OR TRUST**

Name Cliffon E. & Ann H. Johnston Trust

Address (Business Address Acceptable)  
 \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                      \_\_\_\_\_/\_\_\_\_\_/10    \_\_\_\_\_/\_\_\_\_\_/10

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/10    \_\_\_\_\_/\_\_\_\_\_/10

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship     Partnership     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000

\$500 - \$1,000                       OVER \$100,000

\$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

INVESTMENT                       REAL PROPERTY

Name of Business Entity or  
 Street Address or Assessor's Parcel Number of Real Property  
1132 Golden Oakway  
Stockton, Ca. 95209

Description of Business Activity or  
 City or Other Precise Location of Real Property  
 \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                      \_\_\_\_\_/\_\_\_\_\_/10    \_\_\_\_\_/\_\_\_\_\_/10

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/10    \_\_\_\_\_/\_\_\_\_\_/10

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_

Yrs. remaining \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

Name - Same -

Address (Business Address Acceptable)  
 \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                      \_\_\_\_\_/\_\_\_\_\_/10    \_\_\_\_\_/\_\_\_\_\_/10

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/10    \_\_\_\_\_/\_\_\_\_\_/10

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

Over \$1,000,000

NATURE OF INVESTMENT

Sole Proprietorship     Partnership     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000

\$500 - \$1,000                       OVER \$100,000

\$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

INVESTMENT                       REAL PROPERTY

Name of Business Entity or  
 Street Address or Assessor's Parcel Number of Real Property  
1346 E. Harding way  
Stockton, Ca. 95205

Description of Business Activity or  
 City or Other Precise Location of Real Property  
 \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                      \_\_\_\_\_/\_\_\_\_\_/10    \_\_\_\_\_/\_\_\_\_\_/10

\$10,001 - \$100,000                      \_\_\_\_\_/\_\_\_\_\_/10    \_\_\_\_\_/\_\_\_\_\_/10

\$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_

Yrs. remaining \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
Ann Johnston

▶ STREET ADDRESS OR PRECISE LOCATION  
1346 E. Harding Way  
CITY  
Stockton, Ca. 95205

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /    /10      DISPOSED     /    /10

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
The Ballooney Inc.

▶ STREET ADDRESS OR PRECISE LOCATION  
50832 Merrill Rd.  
CITY  
Kirkwood, Ca. 95646

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /    /10      DISPOSED     /    /10

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_  
 INTEREST RATE \_\_\_\_\_%       None      TERM (Months/Years) \_\_\_\_\_  
 HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_  
 INTEREST RATE \_\_\_\_\_%       None      TERM (Months/Years) \_\_\_\_\_  
 HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
Ann Johnston

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
The Ballooney Inc.

ADDRESS (Business Address Acceptable)  
1346 E. Harding Way

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Retail party supplies

YOUR BUSINESS POSITION  
President / Gen. Mgr.

GROSS INCOME RECEIVED  
 \$500 - \$1,000      \$1,001 - \$10,000  
 \$10,001 - \$100,000      OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary      Spouse's or registered domestic partner's income  
 Loan repayment      Partnership  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or      Rental Income, list each source of \$10,000 or more  
 Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Social Security Admin.

ADDRESS (Business Address Acceptable)  
Washington D.C.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Social Security

YOUR BUSINESS POSITION  
RETIRED

GROSS INCOME RECEIVED  
 \$500 - \$1,000      \$1,001 - \$10,000  
 \$10,001 - \$100,000      OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary      Spouse's or registered domestic partner's income  
 Loan repayment      Partnership  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or      Rental Income, list each source of \$10,000 or more  
 Other soc. security retirement  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	<small>Street address</small>
		_____
		<small>City</small>
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_



**SCHEDULE D**  
**Income – Gifts**

Name  
Ann Johnston

▶ NAME OF SOURCE  
Stockton Symphony Assoc.  
 ADDRESS (Business Address Acceptable)  
45 E. Fremont St. Stockton  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
symphony promotion

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 15, 10</u>	<u>\$ 70-</u>	<u>opera tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
Mayors Institute on City Design  
 ADDRESS (Business Address Acceptable)  
1620 Eye St. N.W. Washington, D.C.  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
city design conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8, 4, 10</u>	<u>\$ 615-</u>	<u>(3) days hotel</u>
<u>8, 4, 10</u>	<u>\$ 600-</u>	<u>FOOD &amp; BEVERAGE</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
Stockton Yacht Club  
 ADDRESS (Business Address Acceptable)  
Stockton Harbor - Stockton  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Yacht Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 9, 10</u>	<u>\$ 90-</u>	<u>banquet tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
The Cort Companies  
 ADDRESS (Business Address Acceptable)  
343 E. Main St - Stockton  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
commercial developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 12, 10</u>	<u>\$ 50-</u>	<u>BOOK</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
General Mills Co.  
 ADDRESS (Business Address Acceptable)  
Lodi Ca.  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
mfg. cereal products

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 9, 10</u>	<u>\$ 60-</u>	<u>Christmas product basket</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name  
Ann Johnson

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE  
Mayor's Institute on City Design

ADDRESS (Business Address Acceptable)  
1620 Eye St. NW, 3rd Floor

CITY AND STATE  
Washington, D.C. 20006

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
city design conference

DATE(S): 8/4/10 - 8/7/10 AMT: \$ 561.40  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: airfare - 241.40  
ground transport. - 320.00

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_