SW	/S-15			Festival Vendor Sworn Written Statement										
If you need more space to complete this Sworn Written Statement, attach additional pages and they will be incorporated into this document.									ll be					
					A. CL	AIMANT I	NFORM	IATIO	N					
Name: Last							First					Middle	Initial	
Dee	pwater	Horizon Se	ettlen	nent Pro	gram Clai	imant Nun	nber:	<u> </u>						
Social Security Number: Or Individual Taxpayer Identi			fication	Number:		1		- -		-				
Current		City							State			Ziį) Code	
	<u> </u>				B. FE	STIVAL IN	IFORM.	ATION	V					
Description of Goods and/or Services Sold:														
Entered below is information for all Festivals I attended in 2009 and 2010, or planned to attend but the Fe canceled. If I attended or planned to attend more than five festivals, I have provided this information on sheet submitted with this statement.														
_	Festiv	al Name:							Booth or S Assignme					
	Festiv Locati		Street			State				Zip Coo	de			
-	2009 Date(s):			/ Mon	- th/Day M	/ onth/Day	2010	Date	(s):		/ Month/Day	- / M	/ onth/Day	
	Festival Sponsor or Organizer Name:							riptio sor/C	n of Organizer:					
1.	Telephone Number of Sponsor/ Organizer:		(
	Participation Fees:		\$											
	Address of Sponsor/Organizer:		er:	Street					State			Ziį) Code	
		Festival Status (<i>check one</i>):		Fest	ival I Inter		end in 20		ut was Cance Canceled Fe		Replace	ment F	estival)

SWS-15				Festival Vendo	r Sworn Writt	en State	ement			
	Festival Name:					Booth or Assignme				
	Festival Location:		Street							
			City			State	,	Zip Code		
	2009 Date(s):			/ - / Month/Day Month/Day	2010 Date(s):		/ Month/Day	- / Month/Day		
		Festival Sponsor or Organizer Name:			Description of Sponsor/Organ	nizer:				
2.	Telephone Number of Sponsor/ Organizer:		er							
	Participation Fees:		s:		\$					
	Address of Sponsor/Organizer:		er:	Street	State		Zip Code			
	Festival Status (check one):			Festival I Attended in 2010 Festival I Intended to Attend in 2010, but was Canceled Festival I Attended in 2010 Instead of a Canceled Festival (Replacement Festival)						
	Festival Name:					Booth or Assignme				
	Festival		Stree	t						
	Locatio	on:	City			State		Zip Code		
	2009 Date(s:)			/ - / Month/Day Month/Day	2010 Date(s):		/ - Month/Day			
	Festival Sponsor or Organizer Name:				Description of Sponsor/Organ					
3.	Telephone Number of Sponsor/ Organizer		er							
	Participation Fees:		s:	\$						
	Address of Sponsor/Organizer		zer	Street	State		Zip Code			
	Festival Status (check one)		5	Festival I Attended in 2010 Festival I Intended to Attend in 2010, but was Canceled Festival I Attended in 2010 Instead of a Canceled Festival (Replacement Festival)						

SWS-15				Festival Vendor	Sworn Writt	en Statem	nent		
	Festival	Name:				Booth or St Assignmen			
4.	Festival City		Street			State		Zip Code	
	2009 Date(s):			/ - / Month/Day Month/Day	2010 Date(s):		/ Month/Day	- / Month/Day	
	Festival Sponsor or Organizer Name:		or	Month Day Month Day	Description of Sponsor/Orga	nizer:	World W Day	- Month Day	
	Telephone Number of Sponsor/ Organizer:		er						
	Participation Fees:		S:		\$				
,	Address of Sponsor/Organizer:		er:	Street		State		Zip Code	
	Festival Status (check one):			Festival I Attended in 2010 Festival I Intended to Attend in 2010, but was Canceled Festival I Attended in 2010 Instead of a Canceled Festival (Replacement Festival)					
	Festival Name:					Booth or Assignm			
-	Festival		Stree	it		State		Zip Code	
•	2009 Date(s):			/ - / Month/Day Month/Day	2010 Date(s):		/ Month/Day	- / Month/Day	
	Festival Sponsor or Organizer Name:		or	wonth/bay wonth/bay	Description of Sponsor/Orga	nizer:	World I// Day	Worth/Day	
5.	Telephone Number of Sponsor/ Organizer:		er						
	Participation Fees:		S:	\$					
	Address of Sponsor/Organizer:		er:	Street		State		Zip Code	
	Festival Status (check one):			Festival I Attended in 2010 Festival I Intended to Attend in 2010, but was Canceled Festival I Attended in 2010 Instead of a Canceled Festival (Replacement Festival)					

SWS-15	Festival Vendor Sworn Written Statement								
	C. EXPLANATION OF REDUCTION IN EARNINGS								
	-	ngs from Festival Sales from May to or resulted from the Deepwater		pared to May through					
		D. ALTERNATIVE REVENUE	AND EXPENSE INFORMATI	ON					
I have marked below whether I submitted independent documents demonstrating revenues and/or expenses associated with my Festival Sales as required in the "Proof of Sales" documentation requirement. If I did not submit independent documents verifying this, I have provided estimates and explanations below.									
☐ I submitted other documents demonstrating revenues associated with my Festival Sales as required in the "Proof of Sales" documentation requirement.									
I have estimat	I am not able to provide independent documents demonstrating the revenues associated with my Festival Sales, so I have estimated those revenues in each of Zone A, B or C for both May through December 2009 and May through December 2010:								
Time	Period	Zone A Revenues	Zone B Revenues	Zone C Revenues					
May - Decen	nber 2009	\$	\$	\$					
May – December 2010		\$	\$	\$					
I reached these estimates by multiplying the number of items I sold or services I provided by the price I charged for the good or service, as explained below:									
☐ I submitted other documents demonstrating expenses associated with my Festival Sales as required in the "Proof of Sales" documentation requirement.									
	•	ide independent documents demo ving descriptions and estimates.	nstrating the expenses associa	ated with my Festival Sales, so					
Materials Pu	rchased:	Sanath Durings Name							
Place of Purc	chase:	Specify Business Name							
		Street							

Address of Provider:

Cost of Materials:

Specify Total or Per Sale

State

Zip Code

SWS-15

Festival Vendor Sworn Written Statement

E. ADDITIONAL REQUIRED VERIFICATIONS

- (1) I am unable to provide sufficient tax documentation to support a Business Economic Loss Claim under the Deepwater Horizon Settlement protocols;
- (2) I have attached copies of all required licenses or confirm that no such license(s) were required; and
- (3) I have submitted all available documentation regarding receipts or records related to the Festival Sales during the periods of May December 2009 and May December 2010.

F. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

and prosedution.							
Date Signed:	// (Month/Day/Year)	Claimant Signature Name (Printed or Typed)					