SWS-16					Fes	stiva	al Coc	ordi	nato	or S	wor	n W	ritte	en S	tate	men	t			
	If you need more space to complete this Sworn Written Statement, attach additional pages and they will be incorporated into this document.																			
	A. CLAIMANT INFORMATION																			
Name:									F	First									Mic	dle Initial
Dee	Deepwater Horizon Settlement Program Claimant Number:																			
	Social Security Number:																			
Indi	vidual	_	ayer I	denti	ficati	on N	umb	er:						ļ	.1 - 1				ļ	_
Curi Add	ent ress:	Street												State					Zip Cod	e
					В	B. FE	STIV	AL CO	ORD	INA	TOR	INFO	RM	ATIC	N					
Nan	ne:	Last							F	First									Mic	dle Initial
Current Address:		Street																		
		City												State					Zip Cod	e
Telephone Number: ()																				
							C.	FEST	IVAL	. INF	ORM	IATIO	NC							
Entered below is information for all Festivals I coordinated in 2009 and 2010 that the claimant applied to participate in.																				
	Festiv Name																			
	Festival Location:			Street																
				City										State					Zip Cod	e
_	2009 Date(s):		s):		/ Mor	/ nth/Day	-	/ /lonth/Day			20:	LO Da	ate(s):		М	/ onth/Day	-	/ onth/Day	
1.	Festival Sponsor or Organizer Name:																			
	Telephone Number of Sponsor/ Organizer:						(_		<u></u>	_)				- _				L		
	Addre Spons Organ	or/		Street										State					Zip Cod	e

SWS-16			Festival Coordinat	or Sw	orn Writt	en Statement		
	Festival Name:							
2.	Festival Location:	Street			State		Zip Code	
	2009 Date		/ - / Month/Day Month/Day	2010	Date(s):	/ - Month/Day	/ Month/Day	
	Festival Sponsor or Organizer Name:							
	Telephone Number of Sponsor/ Organizer:							
	Address of Sponsor/	Street						
	Organizer:	City			State		Zip Code	
			D. CLAIMANT PARTICIPA	TION I	NFORMATI	ON		
		isted in Section pated in this Fes	C, I have noted below wheth stival in 2010.	er the c	laimant subn	nitted an application, p	oaid a deposit	
	Festival Name:			_	10 ite(s):	/ - Month/Day	/ Month/Day	
	Application	: _	 ☐ The claimant submitted an application for this Festival in 2010. ☐ The claimant did not submit an application for this Festival in 2010. 					
1.	Deposit/Fe	e:	 ☐ The claimant submitted a deposit or fee of \$ for this Festival in 2010. ☐ The claimant did not submit a deposit or fee for this Festival in 2010. 					
	Participation	on:	 ☐ The claimant participated in this Festival in 2010. ☐ The claimant did not participate in this Festival in 2010. 					
	Cancellation Status:	n submit a d	Festival was canceled in 2010 deposit or fee, and/or particip Festival was not cancelled in 2	ate in th		aimant did not submit	an application,	

SWS-16			Festival Coordinator Sworn Written Statement					
	Festival Name:			2010 Date(s):	/ - / Month/Day Month/Day			
	Application	n:	☐ The claimant submitted an application for this Festival in 2010. ☐ The claimant did not submit an application for this Festival in 2010.					
2.	Deposit/Fe	ee:	 ☐ The claimant submitted a deposit or fee of _\$ for this Festival in 2010. ☐ The claimant did not submit a deposit or fee for this Festival in 2010. 					
	Participation:		☐ The claimant participated in this Festival in 2010.☐ The claimant did not participate in this Festival in 2010.					
	Cancellation Status:		This Festival was canceled in 2010, which is why the claimant did not submit an application, ubmit a deposit or fee, and/or participate in the Festival. This Festival was not cancelled in 2010.					
		,	E. ATTEN	DANCE DATA				
			Section C where the claimant participated in either 2010 or 2009 and planned to participate in cancelled, I have given attendance data or an estimate of attendance data below:					
	Festival Na	me:						
1.	2009 Date(s):		/ - / Month/Day Month/Day	2009 Attendance:				
	2010 Date	(s):	/ - / Month/Day Month/Day	2010 Attendance:				
	Festival Name:							
2.	2009 Date(s):		/ - / Month/Day Month/Day	2009 Attendance:				
	2010 Date	(s):	/ - / Month/Day Month/Day	2010 Attendance:				

-	_	-	-	-
SI	/. A		-	7
- I	•			

Festival Coordinator Sworn Written Statement

F. ADDITIONAL ZONE C REQUIREMENTS

If any Festival listed in Section C was in Zone C, I have indicated below whether the Festival was cancelled in 2010, and if so, why and how it was cancelled because of the Spill. If the Festival was not cancelled, but experienced a decline in attendance compared to either the previous year or projected figures for 2010, I have indicated below the amount of the decline, the reason for the decline, and why it resulted from the Spill.

Cite		are decline, and why it resulted from the Spini
	Festival Name:	
	Cancellation:	 ☐ This Festival was not cancelled in 2010. ☐ This Festival was cancelled in 2010. If the Festival was cancelled, reason for cancellation:
1.	Attendance Decline:	☐ This Festival did not experience a decline in attendance in 2010. ☐ This Festival experienced a decline in attendance in 2010, either from 2009 or from projected attendance for 2010. If the Festival experienced a decline in attendance: Amount of Decline: Reason for Decline:
	Festival Name:	
2.	Cancellation:	 ☐ This Festival was not cancelled in 2010. ☐ This Festival was cancelled in 2010. If the Festival was cancelled, reason for cancellation:
	Attendance Decline:	☐ This Festival did not experience a decline in attendance in 2010. ☐ This Festival experienced a decline in attendance in 2010, either from 2009 or from projected attendance for 2010. If the Festival experienced a decline in attendance: Amount of Decline: Reason for Decline:

SWS-16

Festival Coordinator Sworn Written Statement

G. DOCUMENTATION NEEDED

- (1) I have submitted copies of any applications, records of deposits or fees, and notices of cancellation that I identified above.
- (2) I have submitted any applicable permits required to hold any Festival in which the claimant applied to participate.

H. 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 proceduom						
Date Signed:	(Month/Day/Year)	Affiant Signature Name (Printed or Typed)				