MEMBER/OFFICER/EMPLOYEE FINANCIAL DISCLOSURE EXTENSION REQUEST FORM

Name of Requestor: Tom Marino Please type or print legibly	Date: 5/9/2017	
Please type or print legibly		
Employing Member/Committee/Office: Rep. T		
Financial Disclosure Statement Type (check one) Annual (CY 2016) Amendment	New Employee Termination	2017 111 12
The length of time for which extension is request	ed (check one):	_
30 days 60 days 90 days	other BS	至
	Specify number of days or specific date	짚
For Ethics Committee Use Only		F 5: 37
Days granted:	•	
(If days granted differ from days requested)		
Reason: Total days requested exceeds	90.	
Your request for an extension of time in which referenced above is hereby granted. Your FD methics Committee may grant additional requests days from the original due date. Please note tweekend and you intend to file using the paper of the House no later than close of business on the long or before that date. Date: 51717	nust be filed on or before 8/13/17. The s, which may not, in the aggregate, exceed 90 hat if the date listed in this paragraph is on a form, your FD must be received by the Clerk of	e) a f
Sissew Buske	Alexant Dental	_
Susan W. Brooks, Chairwoman	Theodore E. Deutch, Ranking Member	-

Copy to: Legislative Resource Center, 135 CHOB

(This page will be publicly disclosed)