



SECRETARY OF STATE

2014 JAN 31 PM 3:39

FINANCIAL DISCLOSURE STATEMENT
(For use by Public Officers and Candidates of the State of Arizona)

Name of Public Officer or Candidate **Jan Brewer**
Address [REDACTED]
Public Office Held or Sought **Governor** District # **State of Arizona**

Check one:

- I am a **public officer** who is not in my final term, filing this statement covering the 12 months of calendar year **2013**.
- I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12 month period ending with the last full month prior to the date that I took office.
- I am a **public officer whose final term expires less than thirty-one days into calendar year 20_____**. This is my final Financial Disclosure Statement covering the 12 months plus the final days of my term for the current year.
- I am a **candidate** for a public office, and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of _____ 20_____, to the month of 20_____.

VERIFICATION

I do solemnly swear that the Financial Disclosure Statement filed herewith is in all things true and correct, and fully shows all information I am required to report pursuant to A.R.S. § 38-542.

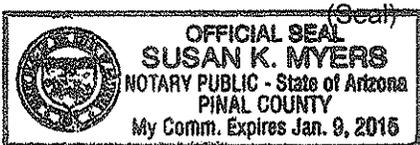
Jan Brewer
Signature of Public Officer or Candidate

State of Arizona)
County of Maricopa)

SUBSCRIBED AND SWORN to (or affirmed) before me this 28 day of January, 20 14

Susan K Myers
Notary Public

Jan. 9, 2015
My Commission expires



SECTION A: PERSONAL DISCLOSURE

1. Names

What to disclose: Your and your spouse's names and the names of minor children of whom you have legal custody.

YOUR NAME	Janice K. Brewer
YOUR SPOUSE'S NAME	John L. Brewer
CHILDREN'S NAMES	No minor children

2. Sources of Personal Compensation

What to disclose: The name and address of each employer who paid you, your spouse, or any member of your household more than \$1,000 in salary, wages, commissions, tips or other forms of compensation during the period covered by this report. Describe each employer's business and the services for which you or a member of your household were compensated.

Also, list anything of value that any other person, outside your household, received for your use or benefit of you or any member of your household. For example, if a person was paid by your employer to be your housekeeper, list that person's wages and the name of the employer.

You need not disclose: Any money you or any member of your household received that was gross income paid to a business you or your household member owned.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	NAME AND ADDRESS OF EMPLOYER OR OTHER SOURCE OF COMPENSATION OVER \$1000	DESCRIPTION OF EMPLOYER'S BUSINESS AND SERVICES PROVIDED BY PUBLIC OFFICER OR MEMBER OF HOUSEHOLD
Janice K. Brewer	State of Arizona 1700 W Washington Phoenix, AZ 85007	Arizona State Government Elected Public Official – Governor
John L. Brewer	Arizona State Retirement System PO Box 33910 Phoenix, AZ 85067	Arizona State Retirement Fund Employee Retirement Annuity

3. Professional, Occupational and Business Licenses

What to disclose: List all licenses issued to or held by you or any member of your household at any time during the period covered by this Statement.

TYPE OF LICENSE OR PERMIT	NAME IN WHICH LICENSE IS ISSUED	PUBLIC OFFICER OR HOUSEHOLD MEMBER HOLDING LICENSE, IF NOT ISSUED IF OWN NAME	JURISDICTION(S) OF LICENSE	LOCATION OF BUSINESS
	No licenses or permits to disclose			

4. Personal Creditors

What to disclose: The name and address of each creditor to whom you, or a member of your household owed a personal debt over \$1000 during the period covered by this Statement. If the debt was incurred or discharged during this period, list the date and whether it was incurred or discharged.

You need not disclose: Debts resulting from the ordinary conduct of a business (disclose those in Section C). Debts on residences or recreational property, on motor vehicles not used for commercial purposes, on debts secured by cash values on life insurance, or debts you owe to relatives, personal credit card transactions or installment contracts.

PERSONAL DEBTS OVER \$1,000			
NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWING THE DEBT	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
No personal creditors over \$1,000 to disclose			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

5. Personal Debtors

What to disclose: The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Statement, and the approximate value of the debt (See last page of value categories). If the debt was incurred or discharged during the period covered by this Statement, report the date and whether the debt was incurred or discharged.

DEBTS OVER \$1,000 OWED TO YOU PERSONALLY			
NAME OF DEBTOR	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD TO WHOM THE DEBT IS OWED	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
No personal debtors over \$1,000 to disclose			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

6. Gifts

What to disclose: The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts with a value over \$500, if that gift does NOT fit into a category below.

You need not disclose: Gifts you or a household member received by will, intestate succession, *inter vivos* (living) trusts, or testamentary trusts established by a spouse or ancestor. Gifts received from any other member of the household or relatives to the second degree of consanguinity (parents, grandparents, siblings, children and grandchildren) or political contributions reported on campaign finance reports.

NAME OF DONOR OF GIFTS OVER \$500	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD – RECIPIENT
Jason Hope	Janice K. Brewer

SECTION B: REPORTABLE INTERESTS

7. Offices or Fiduciary Relationships in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or non-profit organization or association in which you or any member of your household held any office OR had a fiduciary relationship during the period covered by this Statement. Describe the office or relationship.

NAME AND ADDRESS OF BUSINESS, ORGANIZATION OR TRUST	NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	OFFICE OR FIDUCIARY RELATIONSHIP
Brewer Family Trust [REDACTED]	Janice K. Brewer John L. Brewer	Trustee Trustee
JLB Consulting, LLC c/o Brewer Family Trust	Janice K. Brewer John L. Brewer	Trustees of Brewer Family Trust which is sole LLC member
JKB, LLC c/o Brewer Family Trust	Janice K. Brewer John L. Brewer	Trustees of Brewer Family Trust which is sole LLC member
See STATEMENT A - Page 10 for continuation of SECTION B. REPORTABLE INTERESTS 7. Offices or Fiduciary Relationships in Businesses, Nonprofit Organizations or Trusts		

8. Ownership or Financial Interest in Trusts or Investment funds

What to disclose: The name and address of each business, trust, investment or retirement fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000. This includes stocks, partnerships, joint ventures, sole proprietorships, annuities, mutual funds and retirement accounts. List the percentage of ownership or interest, and categorize the value of the equity. (See last page for value categories.)

NAME AND ADDRESS OF BUSINESS, TRUST, INVESTMENT OR RETIREMENT FUND	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	DESCRIPTION OF INTEREST	EQUITY BY VALUE CATEGORY
Brewer Family Trust [REDACTED]	Janice K. and John L. Brewer as Trustees of Brewer Family Trust	100%	3
JLB Consulting, LLC c/o Brewer Family Trust	Janice K. and John L. Brewer as Trustees of Brewer Family Trust	100%	3
State of Arizona Elected Officials Retirement Fund 1700 W Washington Phoenix, AZ 85007	Janice K. Brewer	100%	3
See STATEMENT B - Page 11 for continuation of SECTION B: REPORTABLE INTERESTS 8. Ownership or Financial Interest in Trusts or Investment Funds.			

9. Bonds

What to disclose: Bonds issued by a single agency worth more than \$1,000 that you or a member of your household hold, or held during the period covered by this Statement. If the bonds were acquired or divested during the period, report the date that occurred.

BONDS OVER \$1,000	ISSUING AGENCY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	VALUE CATEGORY	DATE ACQUIRED AND/OR DIVESTED
State of Arizona - FSAXX Fidelity Investments Fidelity Investments Fidelity Investments Municipal Money Market	State of Arizona	Janice K. and John L. Brewer as Trustees of Brewer Family Trust	3	December 9, 2013 <input type="checkbox"/> Acquired <input checked="" type="checkbox"/> Divested
State of Arizona - FSAXX Roth IRA / Traditional IRA Fidelity Investments Fidelity Investments Municipal Money Market	State of Arizona	Janice K. Brewer	3	December 12, 2013 <input type="checkbox"/> Acquired <input checked="" type="checkbox"/> Divested
State of Arizona - FSAXX Roth IRA / Traditional IRA Fidelity Investments Fidelity Investments Municipal Money Market	State of Arizona	John L. Brewer	3	December 12, 2013 <input type="checkbox"/> Acquired <input checked="" type="checkbox"/> Divested

10. Real Property Ownership

What to disclose: Arizona real property and improvements to which you or a member of your household hold, or held title during the period covered by this Statement. Describe the property's location and approximate size. Using the value categories (see last page) report the value of your equity. If that property was acquired or divested during the period covered by this Statement, list the date and what occurred.

You need not disclose: Your primary residence or property you use for personal recreation.

LOCATION AND APPROXIMATE SIZE OF ARIZONA REALTY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OR BUSINESS	EQUITY BY VALUE CATEGORY	DATE ACQUIRED OR DIVESTED
No Arizona real property to disclose			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested

SECTION C: BUSINESS INTERESTS

11. Business Names

What to disclose: The name of any business under which you or any member of your household did business during the period covered by this Statement. Include corporations, limited liability companies, partnerships and trade names. Using the definitions provided in statute, disclose if the business named is controlled or dependent. If the business is both controlled and dependent, mark both boxes.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	BUSINESS NAME	BUSINESS ADDRESS	CONTROLLED AND/OR DEPENDENT BUSINESS
Janice K. and John L. Brewer as Trustees of Brewer Family Trust	Brewer Family Trust	Brewer Family Trust [REDACTED]	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent
Janice K. and John L. Brewer as Trustees of Brewer Family Trust which is sole LLC member	Mission Mallard Creek 3, LLC	c/o Brewer Family Trust	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent
Janice K. and John L. Brewer as Trustees of Brewer Family Trust which is sole LLC member	JKB, LLC	c/o Brewer Family Trust	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent
Janice K. and John L. Brewer as Trustees of Brewer Family Trust which is sole LLC member	JLB Consulting, LLC	c/o Brewer Family Trust	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent
See STATEMENT C - Page 12 for continuation of SECTION C: BUSINESS INTEREST, 11. Business Names			

IMPORTANT: IF A BUSINESS LISTED ABOVE DID NOT GROSS MORE THAN \$10,000 OR PROVIDE MORE THAN 10% OF YOUR PERSONAL COMPENSATION DURING THE PERIOD COVERED BY THIS STATEMENT, YOU DO NOT NEED TO COMPLETE THE REST OF THIS STATEMENT.

12. Controlled Business Information

What to disclose: The name of each controlled business you listed above, and the goods or services provided by the business. If a single client or customer (person or business) accounts for more than \$10,000 and 25% of the gross income, describe what it is your business provides to that customer or client. Then, in column 4, describe what the client/customer's business does (if your major client is a person, leave the last column blank). If you do not have a major client, leave the last two columns blank.

You need not disclose: The name of any customer or client, or the activities of any customer or client who is an individual rather than a business.

NAME OF YOUR CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY YOUR BUSINESS	WHAT YOUR BUSINESS PROVIDES TO YOUR MAJOR CUSTOMER OR CLIENT	BUSINESS ACTIVITY OF MAJOR CUSTOMER OR CLIENT
Brewer Family Trust	Ownership, acquisition, management, investments, leasing of real property	Contracts, master leases for owned real property	Acquisition, exploration, production of natural resources, management of royalty properties
See STATEMENT D - Page 13 for continuation of SECTION C: BUSINESS INTEREST 12. Controlled Business Information			

13. Dependent Business Information

What to disclose: The name of each dependent business, the goods or services provided by the dependent business, the goods or services provided to the major customer or client and the business activity if the major customer or client is a business. If the dependent business is also a controlled business, disclose it only in response to #12, above.

You need not disclose: The name or identity of the customer or client, or the amount of income from the customer or client. If the customer or client is an individual (rather than a business), you are not required to disclose that person's activities.

NAME OF DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE BUSINESS	GOODS OR SERVICES PROVIDED TO THE MAJOR CUSTOMER OR CLIENT	BUSINESS ACTIVITY OF THE MAJOR CUSTOMER OR CLIENT, IF A BUSINESS
No dependent business information to disclose			

14. Real Property Owned by Business

What to disclose: Arizona real property and improvements the titles to which were held by a controlled or dependent business listed above. If the business is one that deals in real property and improvements, list the aggregate value of all parcels held in the period covered by this Statement. Describe the property's location and approximate size. Using the value categories (see last page) report the value of equity in your business. If the property was acquired or divested during the period covered by this Statement, list that and the date.

LOCATION AND APPROXIMATE SIZE OF ARIZONA REALTY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OR BUSINESS	EQUITY BY VALUE CATEGORY	DATE ACQUIRED OR DIVESTED
No Arizona real property to disclose			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested

15. Business' Creditors

What to disclose: The name and address of each creditor to which your business owed more than \$10,000, if that amount was also more than 30 percent of your total business indebtedness at any time during the period covered by this Statement. If the debt was incurred or discharged during the period covered by this Statement, report that and the date.

You need not disclose: Debts resulting from a business other than a controlled or dependent business.

BUSINESS DEBTS OVER \$10,000 AND 30%		
NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	NAME OF CONTROLLED OR DEPENDENT BUSINESS (FROM ITEM 3 OR 4)	DATE INCURRED AND/OR DISCHARGED
PNC Bank, NA c/o Mission Mallard Creek LeaseCo, LLC 1551 N Tustin Avenue, Suite 200 Santa Ana, CA 92705	Mission Mallard Creek, 3, LLC	March 3, 2013 [] Incurred [X] Discharged
TransCapital Bank, NA 8850 W. Oakland Park Boulevard Sunrise, Florida 33351	Terraverde 2807, LLC	September 21, 2013 [X] Incurred [] Discharged
TransCapital Bank, NA 8850 W. Oakland Park Boulevard Sunrise, Florida 33351	Terraverde 2808, LLC	September 21, 2013 [X] Incurred [] Discharged

16. Business Debtors

What to disclose: The name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business which was owed at any time during the preceding calendar year. If the debt was incurred or discharged during the year, list that and the date. List value category.

DEBTS OVER \$10,000 AND 30% OWED TO YOUR BUSINESS			
NAME OF DEBTOR	NAME OF CONTROLLED OR DEPENDENT BUSINESS TO WHOM THE DEBT IS OWED	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
Mission Mallard Creek LeaseCo, LLC	Mission Mallard Creek 3, LLC	3	March 28, 2013 [] Incurred [X] Discharged
See STATEMENT E - Page 14 for continuation of SECTION C: BUSINESS INTERESTS 16. Business Debtors			

Value Categories: (from ARS § 38-542(B))
 Category 1 - \$1,000 to \$25,000
 Category 2 - More than \$25,000 to \$100,000
 Category 3 - More than \$100,000

STATEMENT A – continued from Page 5

FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate **Jan Brewer**

Public Office Held or Sought **Governor**

SECTION B: REPORTABLE INTERESTS

7. Offices or Fiduciary Relationships in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or non-profit organization or association in which you or any member of your household held any office OR had a fiduciary relationship during the period covered by this Statement. Describe the office or relationship.

NAME AND ADDRESS OF BUSINESS, ORGANIZATION OR TRUST	NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	OFFICE OR FIDUCIARY RELATIONSHIP
Mission Mallard Creek 3, LLC c/o Brewer Family Trust	Janice K. Brewer and John L. Brewer	Trustees of Brewer Family Trust which is sole Member of LLC
Jericho 1031, LLC c/o Brewer Family Trust	Janice K. Brewer and John L. Brewer	Trustees of Brewer Family Trust which is sole Member of LLC
Jericho 5002, LLC c/o Brewer Family Trust	Janice K. Brewer and John L. Brewer	Trustees of Brewer Family Trust which is sole Member of LLC
Terraverde 2807, LLC c/o Brewer Family Trust	Janice K. Brewer and John L. Brewer	Trustees of Brewer Family Trust which is sole Member of LLC
Terraverde 2808, LLC c/o Brewer Family Trust	Janice K. Brewer and John L. Brewer	Trustees of Brewer Family Trust which is sole Member of LLC
/	/	/
/	/	/
/	/	/

STATEMENT B – continued from Page 5

FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate **Jan Brewer**

Public Office Held or Sought **Governor**

SECTION B: REPORTABLE INTERESTS

8. Ownership or Financial Interest in Trusts, or Investment funds

What to disclose: The name and address of each business, trust, investment or retirement fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000. This includes stocks, partnerships, joint ventures, sole proprietorships, annuities, mutual funds and retirement accounts. List the percentage of ownership or interest, and categorize the value of the equity.

NAME AND ADDRESS OF BUSINESS, TRUST, INVESTMENT OR RETIREMENT FUND	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	DESCRIPTION OF INTEREST	EQUITY BY VALUE CATEGORY
John L. Brewer Retirement IRA's c/o Fidelity Investments P.O. Box 77001 Cincinnati, OH 42577	John L. Brewer	100%	3
Janice K. Brewer Retirement IRA's c/o Fidelity Investments P.O. Box 77001 Cincinnati, OH 42577	Janice K. Brewer	100%	3
Brewer Family Trust c/o MetLife Beneficiary Trust, Inc. CompuShare Investment Services P.O. Box 4412 South Hackensack, NJ 07606	MetLife Beneficiary Trust Investment held by Brewer Family Trust, John L. and Janice K. Brewer, Trustees	100%	3
Brewer Family Trust c/o Fidelity Investments P.O. Box 77001 Cincinnati, OH 42577	Investments held by Brewer Family Trust, John L. and Janice K. Brewer, Trustees	100%	3
Janice K. Brewer Annuity c/o Fidelity Investments P.O. Box 77001 Cincinnati, OH 42577	Janice K. Brewer	100%	3
Social Security Administration Western Service Center Richmond, CA 94802	Janice K. Brewer	100%	2
Social Security Administration Western Service Center Richmond, CA 94802	John L. Brewer	100%	2
AdvantaIRA Trust, LLC 1520 Royal Palm Square Blvd. Fort Myers, FL 33919	John L. Brewer	100%	3

STATEMENT C – continued from Page 7

FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate **Jan Brewer**

Public Office Held or Sought **Governor**

SECTION C: BUSINESS INTERESTS

11. Business Names

What to disclose: The name of any business under which you or any member of your household did business during the period covered by this Statement. Include corporations, limited liability companies, partnerships and trade names. Using the definitions provided in statute, disclose if the business named is controlled or dependent. If the business is both controlled and dependent, mark both boxes.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	BUSINESS NAME	BUSINESS ADDRESS	CONTROLLED AND/OR DEPENDENT BUSINESS
Janice K. and John L. Brewer as Trustees of Brewer Family Trust	Jericho 1031, LLC	c/o Brewer Family Trust	[X] Controlled [] Dependent
Janice K. and John L. Brewer as Trustees of Brewer Family Trust	Jericho 5002, LLC	c/o Brewer Family Trust	[X] Controlled [] Dependent
Janice K. and John L. Brewer as Trustees of Brewer Family Trust	Terraverde 2807, LLC	c/o Brewer Family Trust	[X] Controlled [] Dependent
Janice K. and John L. Brewer as Trustees of Brewer Family Trust	Terraverde 2808, LLC	c/o Brewer Family Trust	[X] Controlled [] Dependent
/	/	/	[] Controlled [] Dependent
/	/	/	[] Controlled [] Dependent
/	/	/	[] Controlled [] Dependent

IMPORTANT: IF A BUSINESS LISTED ABOVE DID NOT GROSS MORE THAN \$10,000 OR PROVIDE MORE THAN 10% OF YOUR PERSONAL COMPENSATION DURING THE PERIOD COVERED BY THIS STATEMENT, YOU DO NOT NEED TO COMPLETE THE REST OF THIS STATEMENT.

STATEMENT D – continued from Page 7

FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate **Jan Brewer**

Public Office Held or Sought **Governor**

SECTION C: BUSINESS INTERESTS

12. Controlled Business Information

What to disclose: The name of each controlled business you listed above, and the goods or services provided by the business. If a single client or customer (person or business) accounts for more than \$10,000 and 25% of the gross income, describe what it is your business provides to that customer or client. Then, in column 4, describe what the client/customer's business does (if your major client is a person, leave the last column blank). If you do not have a major client, leave the last two columns blank.

You need not disclose: The name of any customer or client, or the activities of any customer or client who is an individual rather than a business.

NAME OF YOUR CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY YOUR BUSINESS	WHAT YOUR BUSINESS PROVIDES TO YOUR MAJOR CUSTOMER OR CLIENT	BUSINESS ACTIVITY OF MAJOR CUSTOMER OR CLIENT
Jericho 1031, LLC	Ownership	Royalty purchaser	Management of royalty properties
Jericho 5002, LLC	Ownership	Royalty purchaser	Management of royalty properties
Terraverde 2807, LLC	Ownership	Management contracts, master leases for owned real property	Property management, leases for real property
Terraverde 2808, LLC	Ownership	Management contracts, master leases for owned real property	Property management, leases for real property
/	/	/	/
/	/	/	/

STATEMENT E – continued from Page 9

FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate **Jan Brewer**
 Public Office Held or Sought **Governor**

SECTION C: BUSINESS INTERESTS

16. Business' Debtors

What to disclose: The name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business which was owed at any time during the preceding calendar year. If the debt was incurred or discharged during the year, list that and the date. List value category.

DEBTS OVER \$10,000 AND 30% OWED TO YOUR BUSINESS			
NAME OF DEBTOR	NAME OF CONTROLLED OR DEPENDENT BUSINESS TO WHOM THE DEBT IS OWED	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
Breitling Royalties Corporation (Transferred retail business assets on 12/09/2013 to Crude Royalties, LLC)	Jericho 1031, LLC	3	March 29, 2013 <input checked="" type="checkbox"/> Incurred <input type="checkbox"/> Discharged
Breitling Royalties Corporation (Transferred retail business assets on 12/09/2013 to Crude Royalties, LLC)	Jericho 5002, LLC	2	April 15, 2013 <input checked="" type="checkbox"/> Incurred <input type="checkbox"/> Discharged
Hanover Management Company	Terraverde 2807, LLC	2	April 21, 2013 <input checked="" type="checkbox"/> Incurred <input type="checkbox"/> Discharged
Hanover Management Company	Terraverde 2808, LLC	2	April 21, 2013 <input checked="" type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			- <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			- <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged