Date:	_2021-08-17
Your Name:	_Anxin Wang
<b>Manuscript Tit</b>	:le:High Lactate Dehydrogenase was Associated With Adverse Outcomes in Patients With Acute
<b>Ischemic Strok</b>	e or Transient Ischemic Attack
Manuscript nu	mber (if known):APM-21-2195

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	
	illialiciai liiterests		
-ום	ease summarize the above c	anflict of interact in the fol	lowing hove
PIE	ase summanze the above to	ommet of interest in the 10	iowing bux.
	None		

Date:	_2021-08-17
Your Name:	_Xue Tian
<b>Manuscript Tit</b>	le:High Lactate Dehydrogenase was Associated With Adverse Outcomes in Patients With Acute
<b>Ischemic Strok</b>	e or Transient Ischemic Attack
Manuscript nu	mber (if known):APM-21-2195

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group naid or uppaid		
11	group, paid or unpaid	None	
11	group, paid or unpaid Stock or stock options	None	
11		None	
11	Stock or stock options	None None	
	Stock or stock options  Receipt of equipment,		
	Stock or stock options  Receipt of equipment, materials, drugs, medical		
	Receipt of equipment, materials, drugs, medical writing, gifts or other		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:

Date:	_2021-08-17
Your Name:	Yingting Zuo
<b>Manuscript Tit</b>	tle:High Lactate Dehydrogenase was Associated With Adverse Outcomes in Patients With Acute
<b>Ischemic Strok</b>	ke or Transient Ischemic Attack
Manuscript nu	umber (if known):APM-21-2195

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group naid or uppaid		
11	group, paid or unpaid	None	
11	group, paid or unpaid Stock or stock options	None	
11		None	
11	Stock or stock options	None None	
	Stock or stock options  Receipt of equipment,		
	Stock or stock options  Receipt of equipment, materials, drugs, medical		
	Receipt of equipment, materials, drugs, medical writing, gifts or other		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:

Date:	_2021-08-17
Your Name:	Xuechun Wang
<b>Manuscript Tit</b>	le:High Lactate Dehydrogenase was Associated With Adverse Outcomes in Patients With Acute
<b>Ischemic Strok</b>	e or Transient Ischemic Attack
Manuscript nu	mber (if known):APM-21-2195

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group naid or uppaid		
11	group, paid or unpaid	None	
11	group, paid or unpaid Stock or stock options	None	
11		None	
11	Stock or stock options	None None	
	Stock or stock options  Receipt of equipment,		
	Stock or stock options  Receipt of equipment, materials, drugs, medical		
	Receipt of equipment, materials, drugs, medical writing, gifts or other		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:

Date:	2021-08-17
Your Name:	_Qin Xu
Manuscript Tit	e:High Lactate Dehydrogenase was Associated With Adverse Outcomes in Patients With Acute
Ischemic Stroke	e or Transient Ischemic Attack
Manuscript nu	mber (if known):APM-21-2195

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group naid or uppaid		
11	group, paid or unpaid	None	
11	group, paid or unpaid Stock or stock options	None	
11		None	
11	Stock or stock options	None None	
	Stock or stock options  Receipt of equipment,		
	Stock or stock options  Receipt of equipment, materials, drugs, medical		
	Receipt of equipment, materials, drugs, medical writing, gifts or other		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:

Date:	_2021-08-17
Your Name:	Xia Meng
<b>Manuscript Tit</b>	tle:High Lactate Dehydrogenase was Associated With Adverse Outcomes in Patients With Acute
<b>Ischemic Strok</b>	e or Transient Ischemic Attack
Manuscript nu	ımber (if known):APM-21-2195

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	
	illialiciai liiterests		
-ום	ease summarize the above c	anflict of interact in the fol	lowing hove
PIE	ase summanze the above to	ommet of interest in the 10	iowing bux.
	None		

Date:	_2021-08-17
Your Name:	Pan Chen
<b>Manuscript Tit</b>	le:High Lactate Dehydrogenase was Associated With Adverse Outcomes in Patients With Acute
Ischemic Strok	e or Transient Ischemic Attack
Manuscript nu	mber (if known):APM-21-2195

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group naid or uppaid		
11	group, paid or unpaid	None	
11	group, paid or unpaid Stock or stock options	None	
11		None	
11	Stock or stock options	None None	
	Stock or stock options  Receipt of equipment,		
	Stock or stock options  Receipt of equipment, materials, drugs, medical		
	Receipt of equipment, materials, drugs, medical writing, gifts or other		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:

Date:	2021-08-17	
Your Name:		_Hao Li
<b>Manuscript Tit</b>	le:High La	ctate Dehydrogenase was Associated With Adverse Outcomes in Patients With Acute
Ischemic Strok	e or Transier	nt Ischemic Attack
Manuscript nu	mber (if kno	wn):APM-21-2195

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group naid or uppaid		
11	group, paid or unpaid	None	
11	group, paid or unpaid Stock or stock options	None	
11		None	
11	Stock or stock options	None None	
	Stock or stock options  Receipt of equipment,		
	Stock or stock options  Receipt of equipment, materials, drugs, medical		
	Receipt of equipment, materials, drugs, medical writing, gifts or other		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:
12 13	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	None	llowing box:

Date:	_2021-08-17		
Your Name:	Yongjun Wang		
<b>Manuscript Tit</b>	le:High Lactate Dehydrogenase was Associated With Adverse Outcomes in Patients With Acute		
<b>Ischemic Strok</b>	e or Transient Ischemic Attack		
Manuscript number (if known):APM-21-2195			

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
	Time frame: Since the initial planning of the work					
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				
4	Consulting fees	None				

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	Other financial or non- financial interests	None	
13		None	
13		None	
13		None	
			llowing box:
Ple	financial interests ease summarize the above of		llowing box:
Ple	financial interests		llowing box: