

SB 246 by **Bennett**; (Similar to H 0155) Procurement of Professional Architectural, Engineering, Landscape Architectural, or Surveying and Mapping Services

168060 A S L RCS RI, Rich Delete L.70 - 71. 01/27 07:08 AM

CS/SB 600 by **CA, Bennett**; (Identical to CS/H 0387) Electronic Filing of Construction Plans

121998 A S L RCS RI, Rich btw L.25 - 26: 01/30 07:19 AM

SB 1408 by **Gardiner**; (Similar to CS/H 1001) Timeshares

342686 D S RCS RI, Dean Delete everything after 01/27 02:01 PM

SB 906 by **Hays**; (Similar to H 1089) Public Records/Investigators and Inspectors/Department of Business and Professional Regulation

SB 382 by **Sachs (CO-INTRODUCERS) Gaetz**; (Compare to H 0641) Greyhound Racing

581326 D S RCS RI, Sachs Delete everything after 01/30 07:19 AM
584332 AA S UNFAV RI, Jones Delete L.256 - 266: 01/30 07:19 AM
382338 AA S RCS RI, Sachs In title, delete L.667: 01/30 07:19 AM
384052 AA S L RCS RI, Sachs btw L.555 - 556: 01/30 07:19 AM

SB 680 by **Bogdanoff**; (Similar to CS/H 0319) Residential Properties

955374 D S L RCS RI, Bogdanoff Delete everything after 01/27 02:34 PM

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

REGULATED INDUSTRIES
Senator Jones, Chair
Senator Sachs, Vice Chair

MEETING DATE: Thursday, January 26, 2012
TIME: 1:30 —3:30 p.m.
PLACE: *Toni Jennings Committee Room*, 110 Senate Office Building

MEMBERS: Senator Jones, Chair; Senator Sachs, Vice Chair; Senators Altman, Bogdanoff, Braynon, Dean, Diaz de la Portilla, Rich, Siplin, and Thrasher

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 246 Bennett (Similar H 155)	Procurement of Professional Architectural, Engineering, Landscape Architectural, or Surveying and Mapping Services; Revising the definition of "continuing contract" and defining "best value selection"; clarifying provisions with respect to selection of firms by an agency under the competitive selection process; providing that an agency has the right to reject any or all submissions received in response to a public announcement under the competitive selection process; authorizing an agency to award contracts to multiple firms under the competitive negotiation process; providing for a best value selection process; requiring agencies to adopt rules governing the use of the process; providing minimum requirements with respect to best value selection procedures, etc. RI 01/26/2012 Unfavorable GO BC	Unfavorable Yeas 3 Nays 7
2	CS/SB 600 Community Affairs / Bennett (Identical CS/H 387, Compare CS/H 651, CS/S 704)	Electronic Filing of Construction Plans; Providing for certain documents to be electronically signed and sealed by the licensee and electronically transmitted to a building code administrator or building official for approval, etc. CA 12/05/2011 Fav/CS RI 01/26/2012 Fav/CS	Fav/CS Yeas 10 Nays 0
3	SB 1408 Gardiner (Similar H 1001)	Timeshares; Revising the purposes of ch. 721, F.S., to include the provision of certain disclosure; deleting a provision requiring resale service providers to provide certain fee or cost and listing information to timeshare interest owners; specifying information a resale service provider must provide to the consumer timeshare reseller; prohibiting unlicensed resale service providers from engaging in certain activities; providing that the provision of resale advertising services in this state constitutes operating, conducting, engaging in, or carrying on a business or business venture for purposes relating to jurisdiction of the courts of this state, etc. RI 01/26/2012 Fav/CS BC	Fav/CS Yeas 10 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Regulated Industries

Thursday, January 26, 2012, 1:30 —3:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	SB 906 Hays (Similar H 1089)	Public Records/Investigators and Inspectors/Department of Business and Professional Regulation ; Exempting from public record requirements identifying information relating to current and former investigators and inspectors of the Department of Business and Professional Regulation and their spouses and children; providing for future repeal and legislative review of the exemption under the Open Government Sunset Review Act; providing a statement of public necessity, etc. RI 01/26/2012 Favorable GO	Favorable Yeas 10 Nays 0
5	SB 382 Sachs (Compare H 641)	Greyhound Racing; Prohibiting a minimum requirement of live performances for greyhound permitholders; revising the requirements for an application for a license to conduct performances; removing a requirement for holders of certain converted permits to conduct a full schedule of live racing to qualify for certain tax credits; revising provisions relating to the tax on handle for dogracing and intertrack wagering; revising a condition of licensure for the conduct of slot machine gaming; revising the requirements for initial and renewal issuance of a cardroom license to a greyhound permitholder, etc. RI 01/26/2012 Fav/CS	Fav/CS Yeas 6 Nays 4
6	SB 680 Bogdanoff (Similar CS/H 319, Compare H 1345, S 76)	Residential Properties; Exempting certain elevators from specific code update requirements; providing requirements for condominiums created within condominium parcels; providing for the establishment of primary condominium and secondary condominium units; revising provisions relating to the amendment of cooperative documents; providing criteria for consent or joinder to an amendment; requiring challenges to an election to commence within a certain time period; specifying certification or educational requirements for a newly elected or appointed cooperative board director; providing requirements for challenging the failure of a board to duly notice and hold the required board meeting or to file the required petition for a recall; revising provisions relating to the amendment of homeowners' association declarations, etc. RI 01/26/2012 Fav/CS JU BC	Fav/CS Yeas 9 Nays 0
Other Related Meeting Documents			

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Regulated Industries Committee

BILL: SB 246

INTRODUCER: Senator Bennett

SUBJECT: Procurement of Professional Services

DATE: January 26, 2012

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Harrington	Imhof	RI	Unfavorable
2.			GO	
3.			BC	
4.				
5.				
6.				

I. Summary:

The bill amends the Consultants' Competitive Negotiation Act (CCNA), which specifies how state agencies and political subdivisions procure the services of design professionals, to allow agencies to use, at its discretion, a best value selection process, which creates a two-stage procurement process. Under stage-one, agencies evaluate firms using the same criteria as established in current law. In stage-two, agencies may consider costs; however, compensation may not exceed 50 percent of the total weight of any agencies evaluation criteria.

The bill becomes effective on July 1, 2012.

This bill substantially amends section 287.055, Florida Statutes.

II. Present Situation:

The Consultants' Competitive Negotiation Act

In 1972, Congress passed the Brooks Act (Public Law 92-582), which codified Qualifications-Based Selection (QBS) as the federal procurement method for design professional services. The QBS process entails first soliciting statements of qualifications from licensed architectural and engineering providers, selecting the most qualified respondent, and then negotiating a fair and reasonable price. The vast majority of states currently require a QBS process when selecting the services of design professionals.

Florida's Consultants' Competitive Negotiation Act (CCNA), was enacted by the Legislature in 1973,¹ to specify the procedures to be followed when procuring professional services² by an agency.³ The CCNA did not prohibit discussion of compensation in the initial vendor selection phase until 1988, when the Legislature enacted a provision requiring that consideration of compensation occur only during the selection phase.⁴

Currently, the CCNA, codified in s. 287.055, F.S., specifies the process to be followed when state and local government agencies procure the professional services of an architect, professional engineer, landscape architect, or registered surveyor and mapper. The CCNA requires that state agencies publicly announce, in a consistent and uniform manner, each occasion when professional services must be purchased for one of the following:⁵

- A project, when the basic construction cost is estimated by the agency to exceed \$325,000.
- A planning or study activity, when the fee for professional services exceeds \$35,000.

The public notice must provide a general description of the project and describe how the interested consultants may apply for consideration.

The CCNA provides a two-phase selection process.⁶ In the first phase, the "competitive selection," the agency evaluates the qualifications and past performance of no fewer than three bidders. The agency selects the bidders, ranked in order of preference, it considers the most highly qualified to perform the required services. The CCNA requires consideration of several factors in determining the most highly qualified bidders, including willingness to meet time and budget requirements, past performance, location, recent, current, and projected firm workloads, volume of work previously awarded to the firm, and whether the firm is certified as a minority business.⁷

The CCNA prohibits the agency from requesting, accepting, and considering, during the selection process, proposals for the compensation to be paid.⁸ Section 287.055(2)(d), F.S., defines the term "compensation" to mean "the amount paid by the agency for professional services," regardless of whether stated as compensation or as other types of rates.

¹ Chapter 73-19, L.O.F.

² Professional services are the services of architects, engineers, landscape architects, and surveyors and mappers.

³ "Agency" is defined as the state, a state agency, a municipality, a political subdivision, a school district, or a school board. The term "agency" does not extend to a nongovernmental developer that contributes public facilities to a political subdivision under s. 380.06, F.S., or ss. 163.3220-163.3243, F.S.

⁴ Chapter 88-108, L.O.F.

⁵ See, s. 287.055(3)(a)1., F.S.

⁶ Sections 287.055(4) and (5), F.S.

⁷ The following is a full listing of the factors that s. 287.055(4)(b), F.S., requires agencies to consider: the ability of professional personnel; whether a firm is a certified minority business enterprise; past performance; willingness to meet time and budget requirements; location; recent, current, and projected workloads of the firms; and, the volume of work previously awarded to each firm by the agency, with the object of effecting an equitable distribution of contracts among qualified firms, provided such distribution does not violate the principle of selection of the most highly qualified firms.

⁸ Section 287.055(4)(b), F.S.

In the second phase, the “competitive negotiation,” the agency then negotiates compensation with the most qualified of the three selected firms for professional services at compensation which the agency determines is “fair, competitive, and reasonable.”⁹ If a satisfactory contract cannot be negotiated, the agency must formally terminate negotiations with that firm and must then negotiate with the second most qualified firm. The agency must negotiate with the third most qualified firm if the negotiation with the second most qualified firm fails to produce a satisfactory contract.¹⁰ If a satisfactory contract cannot be negotiated with any of the three selected, the agency must select additional firms in order of their competence and qualifications and continue negotiations until a contract is reached.¹¹ Once negotiations with a firm are terminated, the agency cannot resume negotiations with that firm for the project.

In October 2011, Attorney General Bondi opined that local governments could not create a hybrid procurement process for awarding projects but instead is limited to utilizing the statutorily defined procedures.¹²

Government Efficiency Task Force Findings

The Government Efficiency Task Force and the design procurement work group heard testimony from parties interested in the CCNA process. During the testimony from local governments, government officials raised the following inefficiencies with the CCNA process:

- The agency may not consider price until the second phase of negotiations;
- Once terminated, negotiations with a firm may not resume; the inability to reopen negotiations limits the agency to the remaining firms, even if those firms negotiate a higher fee;
- Smaller firms have a more difficult time procuring contracts for public works since larger firms are more qualified based on the set parameters; and
- There is a lack of transparency as the procurement process is not as open and competitive as other procurement methods and as a result, taxpayers lack the ability to access prices and costs.

On the other hand, the findings indicate that representatives from the industry cited the following benefits of the CCNA process:

- The two part system focuses the negotiations on qualifications rather than price, which protects the health and safety of the public;
- Quality based selection facilitates negotiations that focus on the scope of the project, rather than costs, which results in both parties better understanding the project at the outset. This results in fewer change orders and cost overruns; and
- Provides a process to facilitate planning while negotiating the scope of the project, which helps provide an accurate bid, which may result in lower costs.

⁹ Section 287.055(5)(a), F.S.

¹⁰ Section 287.055(5)(b), F.S.

¹¹ Section 287.055(5)(c), F.S.

¹² Fla. AGO 2011-21 (October 4, 2011).

The Florida Government Efficiency Task Force met on November 16, 2011, and approved the following recommendations concerning the CCNA process:

- All agencies to utilize the “Best Value” process for procurement of design professionals, which would allow price to be a factor of up to 50 percent when ranking the top three most qualified firms. The process would work best for a project with a well-defined scope;
- All agencies to use a “Modified Best Value” process for procurement of design professionals, which would allow agencies to see the price of the top three firms, but would not allow the agencies to re-rank the firms. This process would work best for projects that do not have a specific scope and for agencies that would otherwise use the current CCNA process; and
- Maintain the current CCNA process as an option for agencies to utilize when “Best Value” or “Modified Best Value” would not be appropriate. This process would work best for a project that does not have a well-defined scope.

III. Effect of Proposed Changes:

This bill includes the “Best Value” option and also maintains the current CCNA option for agencies to utilize at their own discretion.

The bill provides a definition for “best value selection” to mean the selection of a firm or firms whose proposal provides the greatest overall benefit to an agency in accordance with the requirements of a formal solicitation.

The bill provides that in a competitive selection, an agency must select at least three firms to be deemed the most highly qualified to perform the required services, except where fewer than three firms respond to the public announcement. Agencies have the right to reject any and all submissions received in response to the public announcement.

The bill provides that agencies may award contracts to multiple firms during a competitive negotiation.

The bill provides that an agency may purchase professional services using a best value selection process. Each agency must adopt rules governing the use of the best value selection process in choosing a firm or firms. Procedures for the use of the best value selection process must include:

- The preparation and distribution of a public solicitation, which must include the criteria, procedures, and standards for the evaluation of proposals;
- The initial evaluation of proposals received in accordance with the requirements of s. 287.055(4)(a), F.S.;
- A two-stage selection process, that must adhere to the following procedures and requirements:
 - Under the initial stage of the selection process, competing firms shall be evaluated using the criteria in s. 284.055(4)(b), F.S., and the agency must select a firm or firms based on the evaluations. Proposals for compensation under the contract may not be solicited or accepted during this stage of the process.

- Under the second stage of the process, the firms selected will be asked to submit a compensation proposal for the proposed work. The proposal for compensation will be evaluated along with the information obtained in the initial stage as well as any other information the agency chooses to request with the compensation proposal to make the best value selection.
- A requirement that the criteria pertaining to compensation may not exceed 50 percent of the total weight of the published evaluation criteria; and
- Authority of an agency head to negotiate with the best firm available in the event of a declared state of emergency.

The bill becomes effective on July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

Agencies may be able to negotiate lower costs in contracts for design professional services. However, some agencies may continue to conduct the current CCNA process or may hire in-house design professionals to assist in determining the scope of projects.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



168060

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/27/2012	.	
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The Committee on Regulated Industries (Rich) recommended the following:

Senate Amendment (with directory and title amendments)

Delete lines 70 - 71.

===== **D I R E C T O R Y C L A U S E A M E N D M E N T**=====

And the directory clause is amended as follows:

Delete line 25

and insert:

amended,

===== **T I T L E A M E N D M E N T**=====

And the title is amended as follows:



13 Delete lines 9 - 12
14 and insert:
15 process; authorizing an agency to award contracts to

By Senator Bennett

21-00297-12

2012246__

A bill to be entitled

An act relating to the procurement of professional architectural, engineering, landscape architectural, or surveying and mapping services; amending s.

287.055, F.S.; revising the definition of "continuing contract" and defining "best value selection"; clarifying provisions with respect to selection of firms by an agency under the competitive selection process; providing that an agency has the right to reject any or all submissions received in response to a public announcement under the competitive selection process; authorizing an agency to award contracts to multiple firms under the competitive negotiation process; providing for a best value selection process; requiring agencies to adopt rules governing the use of the process; providing minimum requirements with respect to best value selection procedures; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (g) of subsection (2) of section 287.055, Florida Statutes, is amended, and paragraph (m) is added to that subsection, paragraph (b) of subsection (4) is amended, and paragraph (e) is added to that subsection, paragraph (d) is added to subsection (5), subsections (6) through (11) are renumbered as subsections (7) through (12), respectively, and a new subsection (6) is added to that section, to read:

Page 1 of 4

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

21-00297-12

2012246__

287.055 Acquisition of professional architectural, engineering, landscape architectural, or surveying and mapping services; definitions; procedures; contingent fees prohibited; penalties.—

(2) DEFINITIONS.—For purposes of this section:

(g) A "continuing contract" is a contract for professional services entered into in accordance with all the procedures of this act between an agency and a firm whereby the firm provides professional services to the agency for projects in which the estimated construction cost of each individual project under the contract does not exceed \$2 million, for study activity if the fee for professional services for each individual study under the contract does not exceed \$200,000, or for work of a specified nature as outlined in the contract required by the agency, with the contract having being for a fixed term or with no time limitation, except that the contract must provide a termination clause. Firms providing professional services under continuing contracts shall not be required to bid against one another.

(m) "Best value selection" means the selection of a firm or firms whose proposal provides the greatest overall benefit to an agency in accordance with the requirements of a formal solicitation.

(4) COMPETITIVE SELECTION.—

(b) The agency shall select in order of preference no fewer than three firms deemed to be the most highly qualified to perform the required services, except in instances where fewer than three firms respond to the public announcement. In determining whether a firm is qualified, the agency shall

Page 2 of 4

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

21-00297-12 2012246__

59 consider such factors as the ability of professional personnel;
 60 whether a firm is a certified minority business enterprise; past
 61 performance; willingness to meet time and budget requirements;
 62 location; recent, current, and projected workloads of the firms;
 63 and the volume of work previously awarded to each firm by the
 64 agency, with the object of effecting an equitable distribution
 65 of contracts among qualified firms, provided such distribution
 66 does not violate the principle of selection of the most highly
 67 qualified firms. The agency may request, accept, and consider
 68 proposals for the compensation to be paid under the contract
 69 only during competitive negotiations under subsection (5).
 70 (e) The agency shall have the right to reject any or all
 71 submissions received in response to the public announcement.
 72 (5) COMPETITIVE NEGOTIATION.—
 73 (d) The agency may, in its discretion, award contracts to
 74 multiple firms.
 75 (6) BEST VALUE SELECTION PROCESS.—
 76 (a) An agency may, at its discretion, purchase professional
 77 services using a best value selection process, subject to
 78 requirements provided in this subsection. The agency shall make
 79 such purchases in accordance with this chapter and rules
 80 applicable to the agency.
 81 (b) Each agency shall adopt rules governing the use of the
 82 best value selection process in choosing a firm or firms.
 83 Procedures for the use of the best value selection process must
 84 include, at a minimum:
 85 1. The preparation and distribution of a public
 86 solicitation consistent with the requirements of subsection (3).
 87 The public solicitation shall contain the criteria, procedures,

21-00297-12 2012246__

88 and standards for the evaluation of proposals considered under
 89 subparagraph 3.
 90 2. The initial evaluation of proposals received in
 91 accordance with the requirements of paragraph (4) (a).
 92 3. A two-stage selection process that, at a minimum,
 93 adheres to the following procedures and requirements:
 94 a. Except as otherwise provided in this section, under the
 95 initial stage of the selection process, competing firms shall be
 96 evaluated using the criteria set forth in paragraph (4) (b) and
 97 the agency shall select a firm or firms based on the
 98 evaluations. Proposals for compensation to be paid under the
 99 contract may not be solicited or accepted during this stage of
 100 the process.
 101 b. Under the second stage of the process, the firms
 102 selected shall be asked to submit a compensation proposal for
 103 the proposed work. The proposal shall be evaluated along with
 104 the information obtained under sub-subparagraph a. and any other
 105 information the agency chooses to request with the compensation
 106 proposal to make a best value selection.
 107 4. A requirement that the criterion pertaining to
 108 compensation may not exceed 50 percent of the total weight of
 109 the published evaluation criteria.
 110 5. Authority of an agency head to negotiate with the best
 111 firm available in the event of a declared state of emergency
 112 pursuant to s. 252.36.
 113 Section 2. This act shall take effect July 1, 2012.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Community Affairs, Chair
Banking and Insurance
Budget - Subcommittee on Criminal and Civil Justice
Appropriations
Budget - Subcommittee on Transportation, Tourism,
and Economic Development Appropriations
Criminal Justice
Military Affairs, Space, and Domestic Security

SENATOR MICHAEL S. "MIKE" BENNETT

President Pro Tempore
21st District

September 26, 2011

The Honorable Dennis L. Jones
Chair, Regulated Industries
330 Knott Building
404 S. Monroe St.
Tallahassee, FL 32399

Dear Chairman Jones:

I am requesting that you place S246, relating to Procurement issues, on the committee agenda at your earliest convenience.

If you have any questions, please let me know. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Bennett".

Michael S. "Mike" Bennett
/cre

Cc: Booter Imhof, Staff Director
Lynn Koon, Administrative Assistant

REPLY TO:

- Wildewood Professional Park, Suite 90, 3653 Cortez Road West, Bradenton, Florida 34210 (941) 727-6349
- 404 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5078

Senate's Website: www.flsenate.gov

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

3B
244

PROFESSIONAL CONSULTING SERVICES
FOR
GILCHRIST ELEMENTARY SCHOOL

New Construction, Remodeling and Renovations, and Site Improvements Project

Pursuant to Florida Statutes, Chapter 287.055 (Consultants Competitive Negotiations Act), the Leon County School District invites qualified professional services in the discipline of architecture required for the Gilchrist Elementary School listed below:

The project consists of the following:

- New Construction: 6 new classrooms, 2 Science rooms, Teacher planning, storage, restrooms (NSF +11,400);
- Site Development/Improvements for new construction and existing drainage issues.

The selected firm will provide design, construction documents and administration for the referenced project which is estimated to be \$8,128,840.00 for new construction, remodeling and renovations, site development for new construction and drainage improvements. Blanket professional liability insurance will be required for this project in the amount of \$1,000,000.00, and will be provided as part of Basic Services.

Firms desiring to apply for consideration shall submit the following instructions:

1. Letter of Interest;
2. Statement of Qualifications on Form SF 330;
3. Notarized Conflict of Interest Certification provided on firm's letterhead (for info (850)617-5903);
4. Proof of at least three (3) years experience in Pre-K through 12 school design projects over \$2 million;
5. At least six (6) most recent references including contact person, address and telephone/fax/email numbers.

Applications which do not comply with the above instructions may be disqualified, and the application materials will not be returned.

The plans and specifications for Leon County School District projects are subject to reuse in accordance with the provisions of Section 287.055, Florida Statutes. As required by Section 287.133, Florida Statutes, a consultant may not submit a proposal for this project if it is on the convicted vendor list for a public entity crime committed within the past 36 months. The selected consultant must warrant that it will neither utilize the services of, nor contract with, any supplier, subcontractor, or consultant in excess of \$50,000.00 in connection with this project for a period of 36 months from the date of their being placed on the convicted vendor list.

Submittals must be received in the office at the Leon County School District, Division of Facilities/Construction Dept., at our at 3420 West Tharpe Street, Suite 100, Tallahassee, FL 32303 by 4:00 p.m. local time on March 18, 2011. Fax or electronic submittals are not acceptable and will not be considered.

Final selection will be made in accordance with the policies and administrative directives of the Leon County School District and other statutory provisions.

Dee Crumpler,
Chairperson

Jackie Pons,
Superintendent

PUBLICATION: February 27, March 6 and 13, 2011

PROFESSIONAL CONSULTING SERVICES
FOR
GILCHRIST ELEMENTARY SCHOOL
New Construction, Remodeling and Renovations, and Site Improvements Project

Pursuant to Florida Statutes, Chapter 287.055 (Consultants Competitive Negotiations Act), the Leon County School District invites qualified professional services in the discipline of architecture required for the Gilchrist Elementary School listed below:

The project consists of the following:

- New Construction: 6 new classrooms, 2 Science rooms, Teacher planning, storage, restrooms (NSF +11,400);
- Site Development/Improvements for new construction and existing drainage issues.

The selected firm will provide design, construction documents and administration for the referenced project which is estimated to be \$5,128,640.00 for new construction, remodeling and renovations, site development for new construction and drainage improvements. Blanket professional liability insurance will be required for this project in the amount of \$1,000,000.00, and will be provided as part of Basic Services.

Firms desiring to apply for consideration shall submit the following instructions:

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The plans and specifications for Leon County School District projects are subject to reuse in accordance with the provisions of Section 287.055, Florida Statutes. As required by Section 287.133, Florida Statutes, a consultant may not submit a proposal for this project if it is on the convicted vendor list for a public entity crime committed with the past 36 months. The selected consultant must warrant that it will neither utilize the services of, nor contract with, any supplier, subcontractor, or consultant in excess of \$50,000.00 in connection with this project for a period of 36 months from the date of their being placed on the convicted vendor list.

Submittals must be received in the office at the Leon County School District, Division of Facilities/Construction Dept., at our at 3420 West Tharpe Street, Suite 100, Tallahassee,

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12
Meeting Date

Topic CCNA

Bill Number 246
(if applicable)

Name ERIC POOLE

Amendment Barcode _____
(if applicable)

Job Title ASST. LEG DIR.

Address 100 MUNRO
Street

Phone _____

City State Zip

E-mail _____

Speaking: For Against Information

Representing Florida Assoc. Counties

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12
Meeting Date

Topic PROFESSIONAL PROMISEMENT

Bill Number SB 246
(if applicable)

Name MIKE HUEY

Amendment Barcode _____
(if applicable)

Job Title ATTY

Address 1125 CARRIAGE RD
Street

Phone 251-0101

TLH
City State Zip

E-mail _____

Speaking: For Against Information

Representing FL. ASSN OF THE AM. INSTITUTE OF ARCHITECTS

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-26-12
Meeting Date

Topic CCNA

Bill Number 246
(if applicable)

Name Vicki Long

Amendment Barcode _____
(if applicable)

Job Title EVP / CEO AIA FLORIDA

Address 104 East Jefferson St

Phone 850-222-7590

Tallahassee FL 32301
City State Zip

E-mail VLONG@AIAFLA.ORG

Speaking: For Against Information

Representing FLA, Association of American Institute of Architects

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12

Meeting Date

Topic CCNA

Bill Number SB246
(if applicable)

Name JODIE DODSON

Amendment Barcode _____
(if applicable)

Job Title ARCHITECT

Address 174 MEADOW RIDGE DR

Phone 850 894 1766

Street
Tallahassee FL 32312
City *State* *Zip*

E-mail JDODSON@DODSTONE
.com

Speaking: For Against Information

Representing MYSELF, AIA TALLAHASSEE

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic Procurement

Bill Number 246
(if applicable)

Name Doug Bell

Amendment Barcode _____
(if applicable)

Job Title _____

Address 215 S. Monroe
Street

Phone 222-3533

Tall. _____
City State Zip

E-mail _____

Speaking: For Against Information

Representing Volusia County

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-26-12

Meeting Date

Topic CCNA

Bill Number SB 246
(if applicable)

Name Jordan Connors

Amendment Barcode _____
(if applicable)

Job Title _____

Address 2145 SW Cape Cod Dr

Phone 772 418 6068

^{Street}
Port St Lucie FL 34953
_{City} _{State} _{Zip}

E-mail jordan@jordanconnors.com

Speaking: For Against Information

Representing City of Port St. Lucie

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12
Meeting Date

Topic SB 2416

Bill Number 246
(if applicable)

Name Casey Cook

Amendment Barcode _____
(if applicable)

Job Title Legislative Advocate

Address Po Box 1757
Street

Phone 701 3701

Tallahassee FL 32302
City State Zip

E-mail ccook@flcities.com

Speaking: For Against Information

Representing Florida League of Cities

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12

Meeting Date

Topic 264

Bill Number 246
(if applicable)

Name Jeremiah Slaymaker

Amendment Barcode _____
(if applicable)

Job Title Professional Surveyor & Mapper

Address 325 John Knox

Phone 850-656-1212

Tallahassee FL 32303
Street City State Zip

E-mail js@bdi-ae.com

Speaking: For Against Information

Representing Florida Surveying and Mapping Society

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12

Meeting Date

Topic Procurement

Bill Number 246
(if applicable)

Name Warren Husband

Amendment Barcode _____
(if applicable)

Job Title _____

Address PO Box 10909
Street

Phone 850 205 9000

Tallahassee FL 32302
City State Zip

E-mail _____

Speaking: For Against Information

Representing Fla. Associated General Contractors

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12
Meeting Date

Topic CCNA

Bill Number SB 246
(if applicable)

Name Frank Rudd

Amendment Barcode _____
(if applicable)

Job Title Executive Director

Address 125 S. Gadsden St

Phone 850-224-7121

TCH FL 32301
City State Zip

E-mail frudd@fleng.org

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic CCNA Bill Number 246
(if applicable)

Name Carlos Benaff Amendment Barcode _____
(if applicable)

Job Title Owner / SCUFMD Rep.

Address 2212 58th Ave East Phone 941-376-4400

Street

Bradenton, FL 34203

City

State

Zip

E-mail CA-1656
@medallion

home.com

Speaking: For Against Information

Representing Myself & Taxpayers

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12

Meeting Date

Topic CCNA

Bill Number 246
(if applicable)

Name Brian Zettle

Amendment Barcode _____
(if applicable)

Job Title Vice President

Address 3921 Tralee Rd.

Phone 850-907-0990

Street

Tallahassee

FL

32309

City

State

Zip

E-mail brian.zettle@psbionline.com

Speaking: For Against Information

Representing PSBI & Assoc. Builders & Contractors

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

January 26, 2012
Meeting Date

Topic Procurement

Bill Number 246
(if applicable)

Name Marsha Hosack

Amendment Barcode _____
(if applicable)

Job Title Governmental Relations Manager

Address 1660 Ringing Blvd.

Phone 941 650-6968

Street

Sarasota, FL 34236

City

State

Zip

E-mail mhosack@scgov.net

Speaking: For Against Information

Representing Sarasota County Government

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-26-12

Meeting Date

Topic Professor Design

Bill Number SB 246
(if applicable)

Name J. Keith Arnold

Amendment Barcode _____
(if applicable)

Job Title _____

Address 110 N. Monroe St, #1090

Phone _____

Street

Tallahassee

FL

32301

E-mail _____

City

State

Zip

Speaking: For Against Information

Representing Collier + Lee County

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Regulated Industries Committee

BILL: CS/CS/SB 600

INTRODUCER: Regulated Industries Committee; Community Affairs Committee; and Senator Bennett

SUBJECT: Electronic Filing of Construction Plans

DATE: January 26, 2012 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Toman	Yeatman	CA	Fav/CS
2.	Waters	Imhof	RI	Fav/CS
3.				
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

- | | | |
|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes |
| B. AMENDMENTS..... | <input type="checkbox"/> | Technical amendments were recommended |
| | <input type="checkbox"/> | Amendments were recommended |
| | <input type="checkbox"/> | Significant amendments were recommended |

I. Summary:

This bill authorizes building code administrators or building officials to accept electronically transmitted construction plans and related documents for permit approval purposes. It provides an exemption from construction contracting requirements for an owner who installs, removes, or replaces solar panels on certain residences while acting as the contractor, allows for electronic signature, and requires a declaration statement by the owner that the issuing authority is not liable for inaccurate information submitted by the owner using the electronic permitting system. The bill further provides that an owner or contractor is not required to personally appear and provide a notarized signature when filing a building permit application for a solar project if certain conditions are met.

The bill substantially amends section 468.604, 489.103, and 713.135 of the Florida Statutes.

II. Present Situation:

Building Code Administrators and the Permitting Process

The Legislature deems it necessary in the interest of public health and safety to regulate the practice of building code administration and inspection in this state.¹ “Building code administrators” or “building officials” are the local government employees charged with building construction regulation responsibilities. These responsibilities are linked to the permitting process and include plan review, enforcement, and the inspection of building construction, remodeling, and demolition. Officials verify compliance with construction codes as required by state law or municipal or county ordinance relating to plumbing, mechanical, electrical, gas, fire prevention, energy, and accessibility.²

Section 468.604(1), F.S., requires that construction plans be reviewed by a building code administrator or building official before the issuance of any building, system installation, or other construction permit. In addition, the administrator or official must also inspect each phase of construction where a building or other construction permit has been issued.³

To obtain a permit, the Florida Building Code provides that an applicant shall first file an application in writing on a form furnished by the appropriate building department for the intended purpose.⁴ Permit application forms shall be in a format prescribed by a local administrative board, if applicable, and must comply with the requirements of s. 713.135(5) and (6), F.S.

Section 713.135(5), F.S. requires building permit applications to include the names and addresses of property owners and contractors and a description sufficient to identify the property. Section 713.135(6), F.S., delineates the format for building permit applications which include owner and contractor signatures as well as notarization.⁵ The section also provides that an authority responsible for issuing building permits may accept a building permit application in an electronic format, as prescribed by the authority. Electronically submitted permits must contain an additional “owner’s electronic submission statement.”⁶

Construction documents outlining floor, site, and foundation plans, as well as other data, are submitted in one or more sets with each application for a permit. Electronic media versions of these documents are allowed to be submitted when approved by the building official.⁷

Construction Contracting

Section 489.103(7), F.S., allows owners of property, when acting as their own contractor and providing direct, onsite supervision themselves of all work not performed by licensed contractors, from state construction licensure requirements.

¹ Section 468.601, F.S.

² Section 468.603(1), F.S.

³ Section 468.604(1), F.S.

⁴ Section 105.3, Chap. 1, 2007 Florida Building Code: Building (including 2009 Supplement).

⁵ Section 117.021(1), F.S., provides that “any document requiring notarization may be notarized electronically.”

⁶ Section 713.135(6)(b), F.S.

⁷ Sections 106.1.1 and 106.3.5, Chap. 1, 2007 Florida Building Code: Building (including 2009 Supplement).

Specifically, s. 489.103(7)(a), F.S., authorizes owners of property to build or improve farm buildings or one-family or two-family residences on the owners property for the sole use of the owner. It also exempts the practice of building or improving commercial buildings at costs not to exceed \$75,000, for use of such owners. The owner may not sell or lease the building or residence within one year. If proof of sale or lease, or offering of sale or lease, is provided of any such structure by the owner-builder within 1 year after completion, it shall be presumed that the construction was undertaken for purposes of sale or lease.

Section 489.103(7)(b), F.S., authorizes owners of property repair or replace wood shakes, asphalt, or fiberglass shingles on one-family, two-family, or three-family residences for the occupancy or use of such owner or tenant of the owner so long as the property is not offered for sale within 1 year after completion of the work and when the property has been damaged by natural causes from an event recognized as an emergency situation designated by executive order issued by the Governor declaring the existence of a state of emergency as a result and consequence of a serious threat posed to the public health, safety, and property in this state.

Section 489.103(7), F.S., does not exempt any person who is employed by or has a contract with such owner and who acts in the capacity of a contractor. The owner may not delegate the owner's responsibility to directly supervise all work to any other person unless that person is registered or certified under this ch. 489, F.S., and the work being performed is within the scope of that person's license. To qualify for exemption under subsection (7), an owner must personally appear and sign the building permit application and must satisfy local permitting agency requirements, if any, proving that the owner has complete understanding of their obligations under law as specified in the disclosure statement.

Electronic Signatures

The intent of the "Electronic Signature Act of 1996," is to facilitate economic development and efficient delivery of government services through electronic messages.⁸ The act also aims to foster the development of electronic commerce through the use of electronic signatures. Unless otherwise provided by law, an electronic signature may be used to sign a writing and shall have the same force and effect as a written signature.⁹

Part II, ch. 668, F.S., contains the "Uniform Electronic Transaction Act" which sets forth requirements for the validation and effect of electronic records and electronic signatures. It also provides for agreement variation in order to facilitate, but not require, the use of electronic means in conducting transactions.¹⁰

Statutorily Authorized Electronic Submission of Documents and Seals

Certain professions regulated by the state have statutory authority to electronically submit documents and to utilize electronic seals. These include:

- architects,¹¹

⁸ See s. 668.002, F.S.

⁹ Section 668.004, F.S.

¹⁰ See Comm. on Commerce and Economic Opportunities, The Florida Senate, *CS/CS/SB 1334 Electronic Commerce*, Florida Senate 2000 Session Summary, available at <http://archive.flsenate.gov/publications/2000/senate/reports/summaries/pdf/Comm.pdf>.

¹¹ Section 481.221(2), F.S.

- engineers,¹²
- interior designers,¹³
- landscape architects,¹⁴ and
- land surveyors and mappers.¹⁵

In addition, in 2009, the Legislature required each clerk of court to implement an electronic filing process in an effort to reduce judicial costs, increase timeliness in the processing of cases, and improve judicial case management.¹⁶

III. Effect of Proposed Changes:

Section 1 creates subsection (4) of s. 468.604, F.S., specifying that should a building code administrator or building official provide for electronic filing, then construction plans, drawings, specifications, reports, final documents, or documents prepared or issued by a licensee may be dated and electronically signed and sealed by the licensee in accordance with ss. 668.001-668.006 and transmitted electronically to the building code administrator or building official for approval.

Section 2 amends s. 489.103(7), F.S., to include paragraph (a)(3), which creates a licensure exemption for property owners for the installment, uninstalment, or replacement of solar panels on one-family, two-family, or three-family residences for the occupancy or use of such owner or tenant of the owner.

The bill waives the notary and appearance requirement if the building permit application is submitted electronically to the permitting authority and the owner certifies the application and disclosure statement using the permitting authority's electronic confirmation system.

The bill requires property owners who obtain an owner-builder permit for a solar project to submit an additional statement testifying that the information provided within the permit application is true and correct.

Section 3 amends s. 713.135(6)(b), F.S., removing the notary requirement for certain solar project documents submitted electronically. Section 713.135(d) is created to require a declaration statement by the owner that the issuing authority is not liable for inaccurate information submitted by the owner using the electronic permitting system.

Section 4 of the bill provides an effective date of July 1, 2012.

¹² Section 471.025(1), F.S.

¹³ Section 481.221(3), F.S.

¹⁴ Section 481.321(1), F.S.

¹⁵ Section 472.025(1), F.S.

¹⁶ Section 28.22205, F.S.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Persons or businesses engaged in various phases of building construction, repair, remodeling or demolition may experience cost savings as a result of efficiencies accruing from electronic filing. Costs associated with the production and delivery of hard copy documents could be reduced. In addition, owners of property may experience cost savings by installing solar panels on their own property, instead of hiring a contractor.

C. Government Sector Impact:

Local authorities that provide for and accept electronic transmissions of various construction documents may realize procedural and document storage efficiencies and improve the timeliness of permit processing. The bill does not require electronic filing; therefore, any expenditures to facilitate this option would be discretionary.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS/CS by Regulated Industries on January 26, 2012:

Provides an exemption from construction contracting requirements for an owner who installs, removes, or replaces solar panels on certain residences while acting as the contractor, allows for electronic signature, and requires a declaration statement by the owner that the issuing authority is not liable for inaccurate information submitted by the owner using the electronic permitting system. The bill further provides that an owner or contractor is not required to personally appear and provide a notarized signature when filing a building permit application for a solar project if certain conditions are met.

CS by Community Affairs on December 5, 2011:

Provides a technical amendment.

B. Amendments:

None.



121998

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/30/2012	.	
	.	
	.	
	.	

The Committee on Regulated Industries (Rich) recommended the following:

Senate Amendment (with title amendment)

Between lines 25 and 26
insert:

Section 2. Subsection (7) of section 489.103, Florida Statutes, is amended to read:

489.103 Exemptions.—This part does not apply to:

(7) (a) Owners of property when acting as their own contractor and providing direct, onsite supervision themselves of all work not performed by licensed contractors:

1. ~~(a)~~ When building or improving farm outbuildings or one-family or two-family residences on such property for the



13 occupancy or use of such owners and not offered for sale or
14 lease, or building or improving commercial buildings, at a cost
15 not to exceed \$75,000, on such property for the occupancy or use
16 of such owners and not offered for sale or lease. In an action
17 brought under this part, proof of the sale or lease, or offering
18 for sale or lease, of any such structure by the owner-builder
19 within 1 year after completion of same creates a presumption
20 that the construction was undertaken for purposes of sale or
21 lease.

22 2. ~~(b)~~ When repairing or replacing wood shakes or asphalt or
23 fiberglass shingles on one-family, two-family, or three-family
24 residences for the occupancy or use of such owner or tenant of
25 the owner and not offered for sale within 1 year after
26 completion of the work and when the property has been damaged by
27 natural causes from an event recognized as an emergency
28 situation designated by executive order issued by the Governor
29 declaring the existence of a state of emergency as a result and
30 consequence of a serious threat posed to the public health,
31 safety, and property in this state.

32 3. When installing, uninstalling, or replacing solar panels
33 on one-family, two-family, or three-family residences for the
34 occupancy or use of such owner or tenant of the owner.

35 (b) This subsection does not exempt any person who is
36 employed by or has a contract with such owner and who acts in
37 the capacity of a contractor. The owner may not delegate the
38 owner's responsibility to directly supervise all work to any
39 other person unless that person is registered or certified under
40 this part and the work being performed is within the scope of
41 that person's license. For the purposes of this subsection, the



42 term "owners of property" includes the owner of a mobile home
43 situated on a leased lot.

44 (c) To qualify for exemption under this subsection, an
45 owner must personally appear and sign the building permit
46 application and must satisfy local permitting agency
47 requirements, if any, proving that the owner has a complete
48 understanding of the owner's obligations under the law as
49 specified in the disclosure statement in this section. An
50 owner's notarized signature or personal appearance to sign the
51 permit application is not required for a solar project, as
52 described in subparagraph (a)3., if the building permit
53 application is submitted electronically to the permitting
54 authority and the owner certifies the application and disclosure
55 statement using the permitting authority's electronic
56 confirmation system. If any person violates the requirements of
57 this subsection, the local permitting agency shall withhold
58 final approval, revoke the permit, or pursue any action or
59 remedy for unlicensed activity against the owner and any person
60 performing work that requires licensure under the permit issued.
61 The local permitting agency shall provide the person with a
62 disclosure statement in substantially the following form:

63
64 DISCLOSURE STATEMENT

65
66 1. I understand that state law requires construction
67 to be done by a licensed contractor and have applied
68 for an owner-builder permit under an exemption from
69 the law. The exemption specifies that I, as the owner
70 of the property listed, may act as my own contractor



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71 with certain restrictions even though I do not have a
72 license.

73
74 2. I understand that building permits are not required
75 to be signed by a property owner unless he or she is
76 responsible for the construction and is not hiring a
77 licensed contractor to assume responsibility.

78
79 3. I understand that, as an owner-builder, I am the
80 responsible party of record on a permit. I understand
81 that I may protect myself from potential financial
82 risk by hiring a licensed contractor and having the
83 permit filed in his or her name instead of my own
84 name. I also understand that a contractor is required
85 by law to be licensed in Florida and to list his or
86 her license numbers on permits and contracts.

87
88 4. I understand that I may build or improve a one-
89 family or two-family residence or a farm outbuilding.
90 I may also build or improve a commercial building if
91 the costs do not exceed \$75,000. The building or
92 residence must be for my own use or occupancy. It may
93 not be built or substantially improved for sale or
94 lease. If a building or residence that I have built or
95 substantially improved myself is sold or leased within
96 1 year after the construction is complete, the law
97 will presume that I built or substantially improved it
98 for sale or lease, which violates the exemption.
99



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100 5. I understand that, as the owner-builder, I must
101 provide direct, onsite supervision of the
102 construction.

103
104 6. I understand that I may not hire an unlicensed
105 person to act as my contractor or to supervise persons
106 working on my building or residence. It is my
107 responsibility to ensure that the persons whom I
108 employ have the licenses required by law and by county
109 or municipal ordinance.

110
111 7. I understand that it is a frequent practice of
112 unlicensed persons to have the property owner obtain
113 an owner-builder permit that erroneously implies that
114 the property owner is providing his or her own labor
115 and materials. I, as an owner-builder, may be held
116 liable and subjected to serious financial risk for any
117 injuries sustained by an unlicensed person or his or
118 her employees while working on my property. My
119 homeowner's insurance may not provide coverage for
120 those injuries. I am willfully acting as an owner-
121 builder and am aware of the limits of my insurance
122 coverage for injuries to workers on my property.

123
124 8. I understand that I may not delegate the
125 responsibility for supervising work to a licensed
126 contractor who is not licensed to perform the work
127 being done. Any person working on my building who is
128 not licensed must work under my direct supervision and



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129 must be employed by me, which means that I must comply
130 with laws requiring the withholding of federal income
131 tax and social security contributions under the
132 Federal Insurance Contributions Act (FICA) and must
133 provide workers' compensation for the employee. I
134 understand that my failure to follow these laws may
135 subject me to serious financial risk.
136

137 9. I agree that, as the party legally and financially
138 responsible for this proposed construction activity, I
139 will abide by all applicable laws and requirements
140 that govern owner-builders as well as employers. I
141 also understand that the construction must comply with
142 all applicable laws, ordinances, building codes, and
143 zoning regulations.
144

145 10. I understand that I may obtain more information
146 regarding my obligations as an employer from the
147 Internal Revenue Service, the United States Small
148 Business Administration, the Florida Department of
149 Financial Services, and the Florida Department of
150 Revenue. I also understand that I may contact the
151 Florida Construction Industry Licensing Board at
152 ... (telephone number) ... or ... (Internet website
153 address) ... for more information about licensed
154 contractors.
155

156 11. I am aware of, and consent to, an owner-builder
157 building permit applied for in my name and understand



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158 that I am the party legally and financially
159 responsible for the proposed construction activity at
160 the following address: ...(address of property)....
161

162 12. I agree to notify ...(issuer of disclosure
163 statements)... immediately of any additions,
164 deletions, or changes to any of the information that I
165 have provided on this disclosure.
166

167 Licensed contractors are regulated by laws designed to
168 protect the public. If you contract with a person who
169 does not have a license, the Construction Industry
170 Licensing Board and Department of Business and
171 Professional Regulation may be unable to assist you
172 with any financial loss that you sustain as a result
173 of a complaint. Your only remedy against an unlicensed
174 contractor may be in civil court. It is also important
175 for you to understand that, if an unlicensed
176 contractor or employee of an individual or firm is
177 injured while working on your property, you may be
178 held liable for damages. If you obtain an owner-
179 builder permit and wish to hire a licensed contractor,
180 you will be responsible for verifying whether the
181 contractor is properly licensed and the status of the
182 contractor's workers' compensation coverage.
183

184 Before a building permit can be issued, this
185 disclosure statement must be completed and signed by
186 the property owner and returned to the local



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216 713.135, Florida Statutes, is amended, and paragraph (d) is
217 added to that subsection, to read:

218 713.135 Notice of commencement and applicability of lien.—

219 (6)

220 (b)1. Consistent with the requirements of paragraph (a), an
221 authority responsible for issuing building permits under this
222 section may accept a building permit application in an
223 electronic format, as prescribed by the authority. Building
224 permit applications submitted to the authority electronically
225 must contain the following additional statement in lieu of the
226 requirement in paragraph (a) that a signed, sworn, and notarized
227 signature of the owner or agent and the contractor be part of
228 the owner's affidavit:

229
230 OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty
231 of perjury, I declare that all the information
232 contained in this building permit application is true
233 and correct.

234
235 2. An owner or contractor is not required to personally
236 appear and provide a notarized signature when filing a building
237 permit application for a solar project if the building permit
238 application is electronically submitted to the permitting
239 authority and the owner or contractor certifies that the
240 application is consistent with this paragraph using the
241 permitting authority's electronic confirmation system. For
242 purposes of this subparagraph, the term "solar project" means
243 installing, uninstalling, or replacing solar panels on single-
244 family residential property, multi-family residential property,



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245 or commercial property.

246 (d) An authority responsible for issuing building permits
247 which accepts building permit applications in an electronic
248 format for solar projects, as defined in subparagraph (b)2., is
249 not liable in any civil action for any inaccurate information
250 submitted by an owner or contractor using the authority's
251 electronic confirmation system.

252

253 ===== T I T L E A M E N D M E N T =====

254 And the title is amended as follows:

255 Between lines 7 and 8

256 insert:

257 amending s. 489.103, F.S.; providing an exemption from
258 construction contracting requirements for an owner who
259 installs, removes, or replaces solar panels on certain
260 residences while acting as the contractor; providing
261 for an electronic signature on the permit application;
262 requiring the building permit application and
263 disclosure statement to include a declaration
264 statement by the owner; providing that the issuing
265 authority is not liable in any civil action for
266 inaccurate information submitted by the owner using
267 the authority's electronic permitting system; amending
268 s. 713.135, F.S.; providing that an owner or
269 contractor is not required to personally appear and
270 provide a notarized signature when filing a building
271 permit application for a solar project if certain
272 conditions are met; providing that the issuing
273 authority is not liable in any civil action for



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274
275

inaccurate information submitted by the owner using
the authority's electronic permitting system;

By the Committee on Community Affairs; and Senator Bennett

578-01520-12

2012600c1

1 A bill to be entitled
2 An act relating to electronic filing of construction
3 plans; amending s. 468.604, F.S.; providing a
4 legislative finding; providing for certain documents
5 to be electronically signed and sealed by the licensee
6 and electronically transmitted to a building code
7 administrator or building official for approval;
8 providing an effective date.

9

10 Be It Enacted by the Legislature of the State of Florida:

11

12 Section 1. Subsection (4) is added to section 468.604,
13 Florida Statutes, to read:

14 468.604 Responsibilities of building code administrators,
15 plans examiners, and inspectors.—

16 (4) The Legislature finds that the electronic filing of
17 construction plans will increase governmental efficiency, reduce
18 costs, and increase timeliness of processing permits. If the
19 building code administrator or building official provides for
20 electronic filing, then construction plans, drawings,
21 specifications, reports, final documents, or documents prepared
22 or issued by a licensee may be dated and electronically signed
23 and sealed by the licensee in accordance with ss. 668.001-
24 668.006, and transmitted electronically to the building code
25 administrator or building official for approval.

26 Section 2. This act shall take effect July 1, 2012.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Community Affairs, *Chair*
Banking and Insurance
Budget - Subcommittee on Criminal and Civil Justice
Appropriations
Budget - Subcommittee on Transportation, Tourism,
and Economic Development Appropriations
Criminal Justice
Military Affairs, Space, and Domestic Security

SENATOR MICHAEL S. "MIKE" BENNETT

President Pro Tempore
21st District

January 11, 2012

The Honorable Dennis L. Jones
Chair, Regulated Industries
330 Knott Building
404 S. Monroe St.
Tallahassee, FL 32399

Dear Chairman Jones:

I am requesting that you place S600, Efilng Construction Plans, on the committee agenda at your earliest convenience.

If you have any questions, please let me know. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Bennett".

Michael S. "Mike" Bennett
/cre

Cc: Booter Imhof, Staff Director
Lynn Koon, Administrative Assistant

REPLY TO:

- Wildewood Professional Park, Suite 90, 3653 Cortez Road West, Bradenton, Florida 34210 (941) 727-6349
- 404 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5078

Senate's Website: www.flsenate.gov

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

1-26-12

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic

Electronic SUBMITTAL

Bill Number

20 600

(if applicable)

Name

KARI HEBRAWK

Amendment Barcode

(if applicable)

Job Title

Address

120 S. Monroe St.

Phone

566-9824

Street

TALLAHASSEE FL 32317

E-mail

kari@ramboconsulting.com

City

State

Zip

Speaking:

For

Against

Information

Representing

Building Officials Assoc. of FL

Appearing at request of Chair:

Yes

No

Lobbyist registered with Legislature:

Yes

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-26-12

Meeting Date

Topic FILING OF PLANS

Bill Number SB 600
(if applicable)

Name RICHARD GENTRY

Amendment Barcode _____
(if applicable)

Job Title _____

Address 2305 BRAEBURN CIR
Street

Phone 251-1837

City

State

Zip

E-mail _____

Speaking: For Against Information

Representing ACE

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Regulated Industries Committee

BILL: CS/SB 1408

INTRODUCER: Regulated Industries Committee and Senator Gardiner

SUBJECT: Timeshares

DATE: January 26, 2012 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Oxamendi	Imhof	RI	Fav/CS
2.			BC	
3.				
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

- | | | |
|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes |
| B. AMENDMENTS..... | <input type="checkbox"/> | Technical amendments were recommended |
| | <input type="checkbox"/> | Amendments were recommended |
| | <input type="checkbox"/> | Significant amendments were recommended |

I. Summary:

The bill requires the full and fair disclosure of terms, conditions, and services offered by timeshare resale service providers, which includes brokers and advertisers who offer unsolicited telemarketing, direct mail, or e-mail in connection with the offering of resale brokerage services or resale advertising services to consumer owners of timeshare who wish to sell their interest in a timeshare. It provides exceptions for sales by consumers and licensed real estate brokers.

The bill specifies the information that resale service providers must provide to the consumer timeshare resellers before engaging in resale brokerage services or resale advertising services, including a description of any fees or costs; a description of when such fees or costs are due; and the ratio or percentage of the number of timeshare resale interests sold or rented versus the number of timeshare resale interests listed for sale or rent by the timeshare resale broker for each of the previous two calendar years. Resale service providers may not engage in those activities of a real estate broker unless they are a licensed real estate broker.

The bill prohibits timeshare resale service providers from:

- Misrepresenting that they will provide any type of direct sales or resale brokerage services;
- Misrepresenting that another person has a preexisting interest in the timeshare without providing identifying information for that person;
- Representing that sales or rentals have been achieved or generated, unless the resale provider substantiates the statement at the representation is made;
- Representing that a specific number of sales or rentals have been sold or rented without providing the consumer with the ratio or percentage timeshare interests advertised that have actually resulted in a sale or rental for each of the previous two calendar years.
- Representing that a timeshare interest has a specific resale value.
- Collecting any payment without a written contract signed by the consumer.

The bill specifies the information that must be included in a written contract for resale advertising services, which includes a conspicuous statement that the consumer has the right to cancel the contract for advertising services within 10 days after the date the contract is signed. The bill also requires that resale advertisers provide a full refund within 20 days of the consumer's cancellation of the agreement, or five days after the consumer's check has cleared, whichever is later.

If the contract for resale advertising services fails to comply with the provisions in the bill, the contract would be voidable at the option of the consumer for one year after the date it is executed by the consumer. If a violation of the provisions in the bill occurs during an offering of resale services, both the resale service provider and the person who actually commits the violation would be deemed to have violated this section.

The bill provides that persons who provide resale advertising services for timeshare interest have submitted to the jurisdiction of the state courts. The bill provides a civil penalty of \$15,000 per violation in addition to the penalties and remedies provided in the Unfair and Deceptive Trade Practices Act in part II of ch. 501, F.S.

The bill provides an effective date of July 1, 2012.

This bill substantially amends sections 721.02, 721.05, and 721.20, Florida Statutes. The bill creates section 721.205, Florida Statutes.

II. Present Situation:

Timeshares

A timeshare interest is a form of ownership of real property. According to a report prepared by the American Resort Development Association (ARDA), Florida had 23 percent of the estimated 1,548 timeshare resorts in the United States in 2010.¹

¹ ARDA International Foundation, *State of the Vacation Timeshare Industry: United States Study*, 2011 Edition, a copy of the report is available at: http://www.arda.org/uploadedFiles/ARDA/News_and_Information/Industry_Information/Industry_Media_Fact_Sheets/2011%20state%20of%20industry%20fact%20sheet.pdf (Last visited January 19, 2012).

In a timeshare, the real property is typically a condominium unit or a cooperative unit. A timeshare property is typically a resort in which multiple parties hold the right to use the property. Each owner of a timeshare interest is allotted a period of time (typically one week) in which they may use the property.

The Florida Vacation Plan and Timesharing Act, ch. 721, F.S., establishes requirements for the creation, sale, exchange, promotion, and operation of timeshare plans, including requirements for full and fair disclosure to purchasers and prospective purchasers.² Chapter 721, F.S., applies to all timeshare plans consisting of more than seven timeshare periods over a period of at least three years in which the accommodations and facilities are located within this state or offered within this state.³ A timeshare unit is an accommodation of a timeshare plan which is divided into timeshare periods or a condominium unit in which timeshare estates have been created.⁴ A timeshare plan is any arrangement, plan, scheme, or similar device whereby a purchaser gives consideration for ownership rights in, or a right to use, any accommodations and facilities for less than a full year during any given year, but not necessarily for consecutive years.⁵

Section 721.05(34), F.S., defines a “timeshare estate” as “a right to occupy a timeshare unit, coupled with a freehold estate or an estate for years with a future interest in a timeshare property or a specified portion thereof.” The term also includes an interest in a condominium unit, a cooperative unit, or a trust.

A timeshare plan developer must file a public offering statement and the required exhibits with the Division of Florida Condominiums, Timeshares, and Mobile Homes (division) within the Department of Business and Professional Regulation, prior to offering the timeshare plan to the public.⁶

For each timeshare plan, the developer must provide for a managing entity, which must be the developer, a separate manager or management firm, or an owners’ association.⁷

Timeshare Resale Agreements

Section 721.06-721.12, F.S., provide the duties and rights of timeshare sales agreements. Section 721.10, F.S., provides purchasers of timeshare interests the right to cancel the purchase agreement within 10 days of it being signed by the consumer.

Section 721.065(2), F.S., specifies the disclosures that must be made in a resale purchase agreement. These disclosures are required to be made by the owner of a timeshare who acquires a timeshare interest for her or his own use and occupancy and later offers it for resale, or any agent of such person.⁸

² Section 721.02(2) and (3), F.S.

³ Section 721.03, F.S.

⁴ See ss. 721.05(41) and 718.103(26), F.S.

⁵ Section 721.05(39), F.S.

⁶ Section 721.07, F.S.

⁷ Section 721.13(1)(a), F.S. The duties of a managing entity are detailed in s. 721.13(3), F.S.,

⁸ Section 721.065(1), F.S.

The disclosures in s. 721.065(2), F.S., may be made by the following persons or entities in lieu of the disclosures specified in ss. 721.06-721.12 and 721.20, F.S.:

- A managing entity, not otherwise a developer, that sells, or engages a third party to sell on its behalf, 50 or fewer timeshare interests in the timeshare plan which it manages in a given calendar year to persons who are not existing purchasers of that timeshare plan; and
- A managing entity, not otherwise a developer, that sells, or engages a third party to sell on its behalf, timeshare interests in the timeshare plan which it manages to persons who are existing purchasers of that timeshare plan.

There is a rebuttable presumption that an owner who has acquired more than seven timeshare interests did not acquire them for her or his own use and occupancy.⁹

The disclosures specified in s. 721.065(2), F.S., include identifying information of the timeshare plan and the managing entity of the timeshare plan, a conspicuous statement regarding the current year's assessments for common expenses, and a statement that provides that the contract may be cancelled without penalty within 10 days after it is signed.

The disclosures in s. 721.065(2), F.S., do not apply to an agreement for the advertisement of timeshare interest for resale or other timeshare resale services.

Timeshare Resale Service Provider

Most timeshare resale companies charge consumers approximately \$300 to \$500 to list or advertise a timeshare.¹⁰

Section 721.05(44), F.S., defines the term "resale service provider" to mean:

any person who uses unsolicited telemarketing, direct mail, or e-mail in connection with the offering of resale brokerage or resale advertising services to owners of timeshare interests. The term does not include developers, managing entities, or exchange companies to the extent they offer resale brokerage or resale advertising services to owners of timeshare interests in their own timeshare plans or members of their own exchange programs.

Section 721.20(9), F.S., resale service providers are required to disclose the description of any fees or costs relating to advertising, listing or sale of the timeshare interest that must be paid to the resale service provider or third party, when the fee is due and the ratio or percentage of the number of listings of timeshare interests for sale versus the number of timeshare interests sold by the resale service provider for each of the previous two calendar years.

Failure to disclose this information in writing constitutes an unfair and deceptive trade practice pursuant to ch. 501, F.S.¹¹ Any contract that is entered into in violation of s. 721.20(9), F.S., is

⁹ *Id.*

¹⁰ See Office of Attorney General Bill McCollum, How to Protect Yourself: Timeshare Sales & Resales, August 8, 2004. A copy of this news release is available at: <http://www.myfloridalegal.com/NewsBrie.nsf/OnlineAlerts/982958C2786805568525703C006A0739> (Last visited January 21, 2012). This estimate of cost was confirmed by a representative for the American Resort Development Association.

void and the purchaser is entitled to a full refund of any money paid to the resale service provider.

Section 721.11, F.S., provides for the approval of the advertising materials used by developers. Section 721.20(9), F.S., which provides for the advertisement of a timeshare resale does not reference the advertising provisions in s. 721.11, F.S.

Deceptive and Unfair Trade Practices Act

Part II of ch. 501, F.S., provides the Deceptive and Unfair Trade Practices Act (DUTPA or act). This act addresses issues of consumer protection, unfair methods of competition, and unconscionable, deceptive, and unfair trade practices.¹² Violations of the act are enforced by the office of the state attorney if a violation occurs in or affects the judicial circuit under the office's jurisdiction. The Department of Legal Affairs is the enforcement authority if the violation occurs in or affects more than one judicial circuit or if the office of the state attorney defers to the department in writing, or fails to act upon a violation within 90 days after a written complaint has been filed with the state attorney.¹³

The enforcing authority may seek a declaratory judgment to determine whether an act or practice violate the act, file an action to enjoin any person who has violated, is violating, or is otherwise likely to violate the act, or take legal action on behalf of one or more consumers or governmental entities for the actual damages caused by an act or practice in violation of the act.¹⁴

The act provides for a civil penalty of no more than \$10,000 for willful violations. The enforcing authority is also entitled to reasonable attorney's fees and costs if civil penalties are assessed in any litigation.¹⁵

Real Estate Broker

A person may not provide the services of a real estate broker without a valid and current license issued by the Florida Real Estate Commission within the Department of Business and Professional Regulation. Operating as a broker without a license is a felony of the third degree, punishable as provided in s. 775.082, F.S., or s. 775.083, F.S., or, if a corporation, as provided in s. 775.083., F.S.¹⁶

Section 475.01(1)(a), F.S., defines the term "broker" to mean:

a person who, for another, and for a compensation or valuable consideration directly or indirectly paid or promised, expressly or impliedly, or with an intent to collect or receive a compensation or valuable consideration therefor, appraises, auctions, sells, exchanges, buys, rents, or offers, attempts or agrees to appraise, auction, or negotiate the sale, exchange, purchase, or rental of business enterprises

¹¹ Part II of ch. 501, F.S., may be cited as the "Florida Deceptive and Unfair Trade Practices Act."

¹² See s. 501.202, F.S.

¹³ Section 501.202(2), F.S.

¹⁴ Section 501.207(1), F.S.

¹⁵ Section 501.2075, F.S.

¹⁶ Section 775.082, F.S., provides that a felony of the third degree is punishable by a term of imprisonment not exceeding five years. Section 775.083, F.S., provides that a felony of the third degree is punishable by a fine not exceeding \$5,000.

or business opportunities or any real property or any interest in or concerning the same, including mineral rights or leases, or who advertises or holds out to the public by any oral or printed solicitation or representation that she or he is engaged in the business of appraising, auctioning, buying, selling, exchanging, leasing, or renting business enterprises or business opportunities or real property of others or interests therein, including mineral rights, or who takes any part in the procuring of sellers, purchasers, lessors, or lessees of business enterprises or business opportunities or the real property of another, or leases, or interest therein, including mineral rights, or who directs or assists in the procuring of prospects or in the negotiation or closing of any transaction which does, or is calculated to, result in a sale, exchange, or leasing thereof, and who receives, expects, or is promised any compensation or valuable consideration, directly or indirectly therefor; and all persons who advertise rental property information or lists. A broker renders a professional service and is a professional within the meaning of s. 95.11(4)(a). Where the term “appraise” or “appraising” appears in the definition of the term “broker,” it specifically excludes those appraisal services which must be performed only by a state-licensed or state-certified appraiser, and those appraisal services which may be performed by a registered trainee appraiser as defined in part II. The term “broker” also includes any person who is a general partner, officer, or director of a partnership or corporation which acts as a broker. The term “broker” also includes any person or entity who undertakes to list or sell one or more timeshare periods per year in one or more timeshare plans on behalf of any number of persons, except as provided in ss. 475.011 and 721.20.

Consumer Complaints Regarding Timeshare Resale Advertisers

The Office of the Attorney General Pam Bondi (AG) received 8,700 consumer complaints in 2011 related to timeshare resale. According to the AG, the number of consumer complaints the office has received has significantly increased in recent years. The most common complaints relate to false claims that a specific buyer is ready to buy or rent the property once the consumer signs a contract, deceptive claims that the property will sell/rent within a certain time, failure to honor stated cancellation policies, including refunds of fees, and misrepresentations of the actual services provided to consumers.

In 2009, the Attorney General’s Economic Crimes Division began a state-wide initiative to investigate timeshare resellers. More than 60 companies were investigated, and as of July 2010, the Economic Crimes Division had 48 active investigations. On July 20, 2010, Attorney General Bill McCollum filed three lawsuits against timeshare resale companies alleging deceptive and unfair trade practices, seeking restitution for affected consumers, and to prohibit the companies from engaging in further violations.¹⁷ In 2009, the AG entered into an agreement with two timeshare resale companies to pay \$190,483 in consumer restitution and the AG’s fees and investigative costs.¹⁸

¹⁷ See Office of Attorney General Bill McCollum, *Attorney General Announces Additional Consumer Protection Efforts Against Timeshare Resale Scams*, July 20, 2010. A copy of this news release is available at: http://myfloridalegal.com/_852562220065EE67.nsf/0/EF554E6AF98D6BA8852577660051766F?Open&Highlight=0,timeshares (Last visited January 21, 2012).

¹⁸ See Office of Attorney General Bill McCollum, *South Florida Timeshare Companies to Pay Over \$190,000 in Consumer Restitution*, April 17, 2009. A copy of this news release is available at:

III. Effect of Proposed Changes:

Section 1. The bill amends section s. 721.02, F.S., to provide that a purpose of ch. 721, F.S., is to require the full and fair disclosure of terms, conditions, and services offered by resale services providers.

Section 2. The bill amends the definition of the term “resale service provider” in s. 721.05(44), F.S., to include resale brokers, resale advertisers, or other person or entity, including any agent or employee of such person, within the meaning of the term.

The conduct of a resale service provider is redefined to include offering or using telemarketing, or other means of communication. The bill deletes the provision that defines the communication as unsolicited. The bill replaces the term “owners of timeshare interests” with the term “consumer timeshare resellers.”

The bill exempts resale brokers from the definition of “resale service provider” to the extent that they offer resale advertising services in connection with resale brokerage services and do not collect an advance fee for the advertising service. It exempts consumer timeshare resellers who acquire a timeshare interest or timeshare interests for his or her use and occupancy and who later offers the timeshare interest or interests for rent. It also exempts the resale of seven or fewer timeshare interests within a given calendar year when the interest was acquired for the use and occupancy of the consumer timeshare reseller.

The bill also amends s.721.05, F.S., to define several terms. It defines the terms “consumer resale timeshare interest,” “consumer timeshare reseller, ”real estate brokerage services,” and “resale advertising service.”

It defines the term “resale broker” to a person, or an agent or employee of such person, who is a licensed real estate broker under ch. 475, F.S., and offers or provides resale brokerage services to consumers for compensation or valuable consideration.

The bill defines the term “resale advertiser” to mean persons who offer, personally or through an agent, to resale advertising services to consumer timeshare resellers for compensation or valuable consideration. This applies to offers made in person, by mail, by telephone, through the internet, or other medium of communication. The bill exempts the following persons to the extent that they offer resale advertising services:

- Resale brokers if the advertising service is in connection with timeshare resale brokerage services and no advance fee is collected;
- Developers, managing entities, or exchange companies if the advertising service is limited to their own timeshare plans or members of their own exchange programs; or
- Newspaper, periodicals, or website owners, operators, or publishers, unless they derive more than 10 percent of its gross revenue from providing resale advertising services.

The percentage of gross revenue is based on the gross revenue derived from providing resale advertising services from any affiliate, parent, agent, and subsidiary of the newspaper, periodical, or website owner, operator, or publisher, so long as the resulting percentage of gross revenue is not decreased by the inclusion of such affiliate, parent, subsidiary, or agent in the calculation.

Section 3. The bill repeals s. 721.20(9), F.S., which provides the current disclosure requirements and penalties for resale service providers.

Section 4. The bill creates s. 721.205, F.S., to provide disclosure requirements for resale service providers.

Section 721.205(1), F.S., specifies the information that resale service providers must provide to the consumer timeshare resellers before engaging in resale brokerage services or resale advertising services. Resale service providers must provide:

- A description of any fees or costs; and
- A description of when such fees or costs are due.

Section 721.205(1)(b), F.S., provides that a resale service provider may not engage in those activities described in s. 475.01(1)(a), F.S., which define the activities that require a real estate broker's license under ch. 475, F.S., without being the holder of a valid and current active license in accordance with ch. 475, F.S.

Section 721.205(2), F.S., specifies the conduct that resale service providers are prohibited from engaging in during the course of offering resale advertising services. Resale advertiser may not:

- Represent that he or she will provide or assist in providing any type of direct sales or resale brokerage services other than the advertising of the consumer resale timeshare interest for sale or rent;
- Represent that another person has a preexisting interest in the timeshare without providing identifying information for that person;
- Represent that sales or rentals have been achieved or generated, unless the resale provider gives the consumer, at the time of making the representation, documentation to substantiate the statement;
- Represent that a specific number of sales or rentals have been sold or rented without providing the consumer with the ratio or percentage timeshare interests advertised that have actually resulted in a sale or rental for each of the previous two calendar years.
- Represent that a timeshare interest has a specific resale value.
- Collect any payment without first receiving a written contract that complies with the s. 721.205(2)(d), F.S.; and
- Engage in any resale advertising services for compensation or valuable consideration without first obtaining a written contract signed by the consumer timeshare reseller.

Section 721.205(2)(d), F.S., specifies the information that must be included in a written contract for resale advertising services. The contract must be printed in at least 12-point type and must contain the following information:

- Identifying information to which a contract cancellation notice may be delivered by the consumer at his or her election.
- A complete description of all resale advertising services to be provided, the itemized cost to the consumer, and a statement of the total cost to the consumer;
- A statement printed in at least 12-point boldfaced type that advises the consumer of their right to cancel the contract for advertising services within ten days after the date the contract is signed;
- A statement that the consumer will receive a full refund within 20 days after the resale provider receives the notice of cancellation or five days after the consumer's check has cleared, whichever is later.
- A statement that any resale contract entered into must comply in all respects with s. 721.065, F.S., including the 10-day cancellation period for the prospective consumer resale purchaser.

Section 721.205(2)(g), F.S., requires that resale advertisers honor any cancellation notice that was received within 10 days after the date the contract for resale advertising services is signed.

Regarding the refund, s. 721.205(2)(h), F.S., requires that resale advertisers provide a full refund of all money paid by a consumer within 20 days after the resale provider receives the notice of cancellation of the contract or five days after the consumer's check has cleared, whichever is later.

Section 721.205(3), F.S., provides that a contract for resale advertising services that fails to comply with s. 721.205(2), F.S., shall be voidable at the option of the consumer for one year after the date it is executed by the consumer.

Section 721.205(4), F.S., imposes a duty on resale service providers to supervise, manage, and control all aspects of the offering of resale brokerage services or resale advertising services by any agent or employee of the resale service provider. If a violation of s. 721.205, F.S., occurs during an offering of resale services, both the resale service provider and the person who actually commit the violation would be deemed to have violated this section.

Section 721.205(5), F.S., provides that persons who provide resale advertising services with respect to the resale of a consumer resale timeshare interest in a property located in Florida, has submitted to the jurisdiction of the state courts for the purposes of s. 48.193(1), F.S., which enumerates the acts which submit persons to the jurisdiction of the courts of this state.

Section 721.205 (6), F.S., provides that the use of any unfair or deceptive act or practice by any person in connection with resale advertising services is a violation of s. 721.205, F.S.

Section 721.205(7), F.S., provides a civil penalty of not more than \$15,000 per violation of s. 721.205, F.S. Such civil penalty is in addition to the penalties and remedies provided in part II of ch. 501, F.S., for unfair and deceptive trade practice as prohibited by s. 501.204, F.S.

The bill provides an effective date of July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Regulated Industries on January 26, 2012:

The committee substitute (CS) amends the definition of “resale service provider” in s. 721.05(44), F.S., resale brokers to the extent that they offer resale advertising services in connection with resale brokerage services and do not collect an advance fee for the advertising service.

The CS does not create s. 721.205(1), F.S., to require timeshare resale service providers to provide to consumers the ratio or percentage of the number of timeshare resale

interests sold or rented versus the number of timeshare resale interests listed for sale or rent by the timeshare resale broker for each of the previous two calendar years.

The CS does not create s. 721.205(2)(b), F.S., to require that, when a timeshare resale service provider represents that it has been successful in identifying buyers and renters, the resale service provider must document the responses to its advertisements and, before any payment is collected, provide the consumer with the ratio or percentage of the timeshare interests advertised for sale that have resulted in a sale, or rent if advertised for rent, for each of the previous two calendar years.

The CS creates s. 721.205(2)(c), F.S., to require that when a timeshare resale provider represents that sales or rentals have been achieved or generated, the resale provider must give the consumer, at the time of making the representation, documentation to substantiate the statement.

The CS creates s. 721.205(2)(c), F.S., to require that, when a timeshare resale service provider represents that he or she has sold or rented a specific number of timeshare interests, the resale provider must give the consumer the ratio or percentage timeshare interests advertised that have actually resulted in a sale or rental for each of the previous two years.

The CS creates s. 721.205(2)(d), F.S., to prohibit timeshare resale service providers from stating or implying that a timeshare interest has a specific resale value.

The CS revises the written notice provided in s. 721.205(2)(f), F.S., to reference a right to cancel an agreement for resale advertising services within 10 days after the consumer signs the of the agreement instead of within 7 days.

The CS revises the cancellation period in s. 721.205(2)(h), F.S., to extend the cancellation period from seven days to 10 days after the consumer signs the agreement for resale advertising services.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/27/2012	.	
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	.	

The Committee on Regulated Industries (Dean) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Subsection (5) of section 721.02, Florida Statutes, is redesignated as subsection (6), and a new subsection (5) is added to that section to read:

721.02 Purposes.—The purposes of this chapter are to:
(5) Require full and fair disclosure of terms, conditions, and services by resale service providers acting on behalf of consumer timeshare resellers or on behalf of prospective consumer resale purchasers, regardless of the business model



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13 employed by the resale service provider.

14 Section 2. Subsection (44) of section 721.05, Florida
15 Statutes, is amended, and subsections (45) through (50) are
16 added to that section, to read:

17 721.05 Definitions.—As used in this chapter, the term:

18 (44) “Resale service provider” means any resale broker,
19 resale advertiser, or other person or entity, including any
20 agent or employee of such person or entity, who offers or uses
21 unsolicited telemarketing, direct mail, ~~or~~ e-mail, or any other
22 means of communication in connection with the offering of resale
23 brokerage services or resale advertising services to consumer
24 owners of timeshare resellers interests. The term does not
25 include developers, managing entities, or exchange companies to
26 the extent they offer resale brokerage services or resale
27 advertising services to owners of timeshare interests in their
28 own timeshare plans or members of their own exchange programs,
29 or a resale broker to the extent that resale advertising
30 services are offered in connection with resale brokerage
31 services and no fee for the advertising service is collected in
32 advance. The term also does not include a consumer timeshare
33 reseller who acquires a timeshare interest or timeshare
34 interests for his or her own use and occupancy and who later
35 offers the timeshare interest or timeshare interests for rent or
36 offers for resale in a given calendar year seven or fewer of the
37 timeshare interests that he or she acquired for his or her own
38 use and occupancy.

39 (45) “Consumer resale timeshare interest” means:

40 (a) A timeshare interest owned by a purchaser;

41 (b) One or more reserved occupancy rights relating to a



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42 timeshare interest owned by a purchaser; or

43 (c) One or more reserved occupancy rights relating to, or
44 arranged through, an exchange program in which a purchaser is a
45 member.

46 (46) "Consumer timeshare reseller" means a purchaser who
47 acquires a timeshare interest for his or her own use and
48 occupancy and later offers the timeshare interest for resale or
49 rental.

50 (47) "Resale broker" means any person, or any agent or
51 employee of such person, who is licensed pursuant to chapter 475
52 and who offers or provides resale brokerage services to consumer
53 timeshare resellers for compensation or valuable consideration,
54 regardless of whether the offer is made in person, by mail, by
55 telephone, through the Internet, or by any other medium of
56 communication.

57 (48) "Resale brokerage services" means, with respect to a
58 consumer resale timeshare interest in a timeshare property
59 located or offered within this state, any activity that directly
60 or indirectly consists of any of activities described in s.
61 475.01(1)(a).

62 (49) "Resale advertiser" means any person who offers,
63 personally or through an agent, resale advertising services to
64 consumer timeshare resellers for compensation or valuable
65 consideration, regardless of whether the offer is made in
66 person, by mail, by telephone, through the Internet, or by any
67 other medium of communication. The term does not include:

68 (a) A resale broker to the extent that resale advertising
69 services are offered in connection with timeshare resale
70 brokerage services and no fee for the resale advertising service



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71 is collected in advance;

72 (b) A developer, managing entity, or exchange company to
73 the extent that any of them offers resale advertising services
74 to owners of timeshare interests in their own timeshare plans or
75 members of their own exchange programs; or

76 (c) A newspaper, periodical, or website owner, operator, or
77 publisher, unless the newspaper, periodical, or website owner,
78 operator, or publisher derives more than 10 percent of its gross
79 revenue from providing resale advertising services. For purposes
80 of this paragraph, the calculation of gross revenue derived from
81 providing resale advertising services includes revenue of any
82 affiliate, parent, agent, and subsidiary of the newspaper,
83 periodical, or website owner, operator, or publisher, so long as
84 the resulting percentage of gross revenue is not decreased by
85 the inclusion of such affiliate, parent, subsidiary, or agent in
86 the calculation.

87 (50) "Resale advertising service" means any good or service
88 relating to, or a promise of assistance in connection with,
89 advertising or promoting the resale or rental of a consumer
90 resale timeshare interest located or offered within this state,
91 including any offer to advertise or promote the sale or purchase
92 of any such interest.

93 Section 3. Subsection (9) of section 721.20, Florida
94 Statutes, is amended to read:

95 721.20 Licensing requirements; suspension or revocation of
96 license; exceptions to applicability; collection of advance fees
97 for listings unlawful.—

98 ~~(9)(a) Prior to listing or advertising a timeshare interest~~
99 ~~for resale, a resale service provider shall provide to the~~



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100 ~~timeshare interest owner a description of any fees or costs~~
101 ~~relating to the advertising, listing, or sale of the timeshare~~
102 ~~interest that the timeshare interest owner, or any other person,~~
103 ~~must pay to the resale service provider or any third party, when~~
104 ~~such fees or costs are due, and the ratio or percentage of the~~
105 ~~number of listings of timeshare interests for sale versus the~~
106 ~~number of timeshare interests sold by the resale service~~
107 ~~provider for each of the previous 2 calendar years.~~

108 ~~(b) Failure to disclose this information in writing~~
109 ~~constitutes an unfair and deceptive trade practice pursuant to~~
110 ~~chapter 501. Any contract entered into in violation of this~~
111 ~~subsection is void and the purchaser is entitled to a full~~
112 ~~refund of any moneys paid to the resale service provider.~~

113 Section 4. Section 721.205, Florida Statutes, is created to
114 read:

115 721.205 Resale service providers; disclosure obligations.-

116 (1) (a) Before engaging in resale advertising services, a
117 resale service provider must provide to the consumer timeshare
118 reseller:

119 1. A description of any fees or costs related to such
120 services that the consumer timeshare reseller, or any other
121 person, is required pay to the resale service provider or to any
122 third party.

123 2. A description of when such fees or costs are due.

124 (b) A resale service provider may not engage in those
125 activities described in s. 475.01(1) (a) without being the holder
126 of a valid and current active license in accordance with chapter
127 475.

128 (2) In the course of offering resale advertising services,



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129 a resale advertiser may not:

130 (a) State or imply that the resale advertiser will provide
131 or assist in providing any type of direct sales or resale
132 brokerage services other than the advertising of the consumer
133 resale timeshare interest for sale or rent by the consumer
134 timeshare reseller.

135 (b) State or imply to a consumer timeshare reseller,
136 directly or indirectly, that the resale advertiser has
137 identified a person interested in buying or renting the
138 timeshare resale interest without providing the name, address,
139 and telephone number of such represented interested resale
140 purchaser.

141 (c) State or imply to a consumer timeshare reseller,
142 directly or indirectly, that sales or rentals have been achieved
143 or generated as a result of its advertising services unless the
144 resale advertiser, at the time of making such representation,
145 possesses and is able to provide documentation to substantiate
146 the statement or implication made to the consumer timeshare
147 reseller. In addition, to the extent that a resale advertiser
148 states or implies to a consumer timeshare reseller that the
149 resale advertiser has sold or rented any specific number of
150 timeshare interests, the resale advertiser must also provide the
151 consumer timeshare reseller the ratio or percentage of either
152 the timeshare interests advertised for sale by the resale
153 advertiser which have actually resulted in a sale, or the ratio
154 or percentage of all timeshare interests advertised for rental
155 which have actually resulted in a rental, for each of the
156 previous 2 calendar years.

157 (d) State or imply to a consumer timeshare reseller that



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158 the timeshare interest has a specific resale value.

159 (e) Make or submit any charge to a consumer timeshare
160 reseller's credit card account, make or cause to be made any
161 electronic transfer of consumer timeshare reseller funds, or
162 collect any payment from a consumer timeshare reseller until
163 after the resale advertiser has received a written contract
164 complying in all respects with paragraph (d) which has been
165 signed by the consumer timeshare reseller.

166 (f) Engage in any resale advertising services for
167 compensation or valuable consideration without first obtaining a
168 written contract to provide such services signed by the consumer
169 timeshare reseller. Notwithstanding any other law, the contract
170 must be printed in at least 12-point type and must contain the
171 following information:

172 1. The name, address, telephone number, and web address, if
173 any, of the resale advertiser and a mailing address and e-mail
174 address to which a contract cancellation notice may be delivered
175 at the consumer timeshare reseller's election.

176 2. A complete description of all resale advertising
177 services to be provided, including, but not limited to, details
178 regarding the publications, Internet sites, and other media in
179 or on which the consumer resale timeshare interest will be
180 advertised, the dates or time intervals for such advertising or
181 the minimum number of times such advertising will be run in each
182 specific medium, the itemized cost to the consumer timeshare
183 reseller of each resale advertising service to be provided, and
184 a statement of the total cost to the consumer timeshare reseller
185 of all resale advertising services to be provided.

186 3. A statement printed in at least 12-point boldfaced type



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187 immediately preceding the space in the contract provided for the
188 consumer timeshare reseller's signature in substantially the
189 following form:

191 TIMESHARE OWNER'S RIGHT OF CANCELLATION

192
193 ...(Name of resale advertiser)... will provide resale
194 advertising services pursuant to this contract. If ...(name of
195 resale advertiser)... represents that ...(name of resale
196 advertiser)... has identified a person who is interested in
197 purchasing or renting your timeshare interest, then ...(name of
198 resale advertiser)... must provide you with the name, address,
199 and telephone number of such represented interested resale
200 purchaser.

201
202 You have an unwaivable right to cancel this contract for
203 any reason within 10 days after the date you sign this contract.
204 If you decide to cancel this contract, you must notify ...(name
205 of resale advertiser)... in writing of your intent to cancel.
206 Your notice of cancellation shall be effective upon the date
207 sent and shall be sent to ...(resale advertiser's physical
208 address)... or to ...(resale advertiser's e-mail address)....
209 Your refund will be made within 20 days after receipt of notice
210 of cancellation or within 5 days after receipt of funds from
211 your cleared check, whichever is later.

212
213 You are not obligated to pay ...(name of resale
214 advertiser)... any money unless you sign this contract and
215 return it to ...(name of resale advertiser)....



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IMPORTANT: Before signing this contract, you should carefully review your original timeshare purchase contract and other project documents to determine whether the developer has reserved a right of first refusal or other option to purchase your timeshare interest or to determine whether there are any restrictions or special conditions applicable to the resale or rental of your timeshare interest.

4. A statement that any resale contract entered into by or on behalf of the consumer timeshare reseller must comply in all respects with s. 721.065, including the provision of a 10-day cancellation period for the prospective consumer resale purchaser.

(g) Fail to honor any cancellation notice received from the consumer timeshare reseller within 10 days after the date the consumer timeshare reseller signs the contract for resale advertising services in compliance with subparagraph (f)3.

(h) Fail to provide a full refund of all money paid by a consumer timeshare reseller within 20 days after receipt of notice of cancellation or within 5 days after receipt of funds from a cleared check, whichever is later.

(3) If a resale service provider uses a contract for resale advertising services which fails to comply with subsection (2), such contract shall be voidable at the option of the consumer timeshare reseller for a period of 1 year after the date it is executed by the consumer timeshare reseller.

(4) Notwithstanding obligations placed upon any other persons by this section, it is the duty of a resale service



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245 provider to supervise, manage, and control all aspects of the
246 offering of resale brokerage services or resale advertising
247 services by any agent or employee of the resale service
248 provider. Any violation of this section which occurs during such
249 offering shall be deemed a violation by the resale service
250 provider as well as by the person actually committing the
251 violation.

252 (5) Providing resale advertising services with respect to a
253 consumer resale timeshare interest in a timeshare property
254 located or offered in this state, or in a multisite timeshare
255 plan registered or required to be registered to be offered
256 within this state, including acting as an agent or third-party
257 service provider for a resale service provider, constitutes
258 operating, conducting, engaging in, or carrying on a business or
259 business venture in this state for the purposes of s. 48.193(1).

260 (6) The use of any unfair or deceptive act or practice by
261 any person in connection with resale advertising services is a
262 violation of this section.

263 (7) Notwithstanding any other penalties provided for in
264 this section, any violation of this section is subject to a
265 civil penalty of not more than \$15,000 per violation. In
266 addition, a person who violates any provision of this section
267 commits an unfair and deceptive trade practice as prohibited by
268 s. 501.204 and is subject to the penalties and remedies provided
269 in part II of chapter 501.

270 Section 5. This act shall take effect July 1, 2012.

271
272 ===== T I T L E A M E N D M E N T =====

273 And the title is amended as follows:



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274 Delete everything before the enacting clause
275 and insert:

276 A bill to be entitled
277 An act relating to timeshares; amending s. 721.02,
278 F.S.; revising purposes of the chapter to include the
279 provision of certain disclosure; amending s. 721.05,
280 F.S.; revising the definition of the term "resale
281 service provider"; defining the terms "consumer resale
282 timeshare interest," "consumer timeshare reseller,"
283 "resale broker," "resale brokerage services," "resale
284 advertiser," and "resale advertising service";
285 amending s. 721.20, F.S.; deleting a provision
286 requiring resale service providers to provide certain
287 fee or cost and listing information to timeshare
288 interest owners; creating s. 721.205, F.S.; specifying
289 information that a resale service provider must
290 provide to the consumer timeshare reseller;
291 prohibiting unlicensed resale service providers from
292 engaging in certain activities; prohibiting certain
293 services related to the offering of resale advertising
294 by resale advertisers; providing certain restrictions
295 on the offering of resale advertising services by
296 resale advertisers; providing voidability of certain
297 contracts; providing duties of a resale service
298 provider; providing that the provision of resale
299 advertising services in this state constitutes
300 operating, conducting, engaging in, or carrying on a
301 business or business venture for purposes relating to
302 jurisdiction of the courts of this state; providing



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303

penalties; providing an effective date.

By Senator Gardiner

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1 A bill to be entitled
 2 An act relating to timeshares; amending s. 721.02,
 3 F.S.; revising the purposes of ch. 721, F.S., to
 4 include the provision of certain disclosure; amending
 5 s. 721.05, F.S.; revising the definition of the term
 6 "resale service provider"; defining the terms
 7 "consumer resale timeshare interest," "consumer
 8 timeshare reseller," "resale broker," "resale
 9 brokerage services," "resale advertiser," and "resale
 10 advertising service"; amending s. 721.20, F.S.;
 11 deleting a provision requiring resale service
 12 providers to provide certain fee or cost and listing
 13 information to timeshare interest owners; creating s.
 14 721.205, F.S.; specifying information a resale service
 15 provider must provide to the consumer timeshare
 16 reseller; prohibiting unlicensed resale service
 17 providers from engaging in certain activities;
 18 prohibiting certain services related to the offering
 19 of resale advertising by resale advertisers; providing
 20 certain restrictions on the offering of resale
 21 advertising services by resale advertisers; providing
 22 voidability of certain contracts; providing duties of
 23 a resale service provider; providing that the
 24 provision of resale advertising services in this state
 25 constitutes operating, conducting, engaging in, or
 26 carrying on a business or business venture for
 27 purposes relating to jurisdiction of the courts of
 28 this state; providing penalties; providing an
 29 effective date.

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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30
 31 Be It Enacted by the Legislature of the State of Florida:
 32
 33 Section 1. Subsection (5) of section 721.02, Florida
 34 Statutes, is renumbered as subsection (6), and a new subsection
 35 (5) is added to that section to read:
 36 721.02 Purposes.—The purposes of this chapter are to:
 37 (5) Require full and fair disclosure of terms, conditions,
 38 and services by resale service providers acting on behalf of
 39 consumer timeshare resellers or on behalf of prospective
 40 consumer resale purchasers, regardless of the business model
 41 employed by the resale service provider.
 42 Section 2. Subsection (44) of section 721.05, Florida
 43 Statutes, is amended, and subsections (45) through (50) are
 44 added to that section, to read:
 45 721.05 Definitions.—As used in this chapter, the term:
 46 (44) "Resale service provider" means any resale broker,
 47 resale advertiser, or other person or entity, including any
 48 agent or employee of such person or entity, who offers or uses
 49 unsolicited telemarketing, direct mail, ~~or~~ e-mail, or any other
 50 means of communication in connection with the offering of resale
 51 brokerage services or resale advertising services to consumer
 52 ~~owners of timeshare resellers interests~~. The term does not
 53 include developers, managing entities, or exchange companies to
 54 the extent they offer resale brokerage services or resale
 55 advertising services to owners of timeshare interests in their
 56 own timeshare plans or members of their own exchange programs.
 57 The term also does not include a consumer timeshare reseller who
 58 acquires a timeshare interest or timeshare interests for his or

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59 her own use and occupancy and who later offers the timeshare
 60 interest or timeshare interests for rent or offers for resale in
 61 a given calendar year seven or fewer of the timeshare interests
 62 that he or she acquired for his or her own use and occupancy.
 63 (45) "Consumer resale timeshare interest" means:
 64 (a) A timeshare interest owned by a purchaser;
 65 (b) One or more reserved occupancy rights relating to a
 66 timeshare interest owned by a purchaser; or
 67 (c) One or more reserved occupancy rights relating to, or
 68 arranged through, an exchange program in which a purchaser is a
 69 member.
 70 (46) "Consumer timeshare reseller" means a purchaser who
 71 acquires a timeshare interest for his or her own use and
 72 occupancy and later offers the timeshare interest for resale or
 73 rental or enters into a resale transfer agreement.
 74 (47) "Resale broker" means any person, or any agent or
 75 employee of such person, who is licensed pursuant to chapter 475
 76 and who offers or provides resale brokerage services to consumer
 77 timeshare resellers for compensation or valuable consideration,
 78 regardless of whether the offer is made in person, by mail, by
 79 telephone, through the Internet, or by any other medium of
 80 communication.
 81 (48) "Resale brokerage services" means, with respect to a
 82 consumer resale timeshare interest in a timeshare property
 83 located within this state, any activity that directly or
 84 indirectly consists of any of the activities described in s.
 85 475.01(1)(a).
 86 (49) "Resale advertiser" means any person who offers,
 87 personally or through an agent, resale advertising services to

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88 consumer timeshare resellers for compensation or valuable
 89 consideration, regardless of whether the offer is made in
 90 person, by mail, by telephone, through the Internet, or by any
 91 other medium of communication. The term does not include:
 92 (a) A resale broker to the extent that resale advertising
 93 services are offered in connection with timeshare resale
 94 brokerage services and no fee for the resale advertising service
 95 is collected in advance;
 96 (b) A developer, managing entity, or exchange company to
 97 the extent that any of them offers resale advertising services
 98 to owners of timeshare interests in their own timeshare plans or
 99 members of their own exchange programs; or
 100 (c) A newspaper, periodical, or website owner, operator, or
 101 publisher, unless the newspaper, periodical, or website owner,
 102 operator, or publisher derives more than 10 percent of its gross
 103 revenue from providing resale advertising services. For purposes
 104 of this paragraph, the calculation of gross revenue derived from
 105 providing resale advertising services includes revenue of any
 106 affiliate, parent, agent, and subsidiary of the newspaper,
 107 periodical, or website owner, operator, or publisher, so long as
 108 the resulting percentage of gross revenue is not decreased by
 109 the inclusion of such affiliate, parent, subsidiary, or agent in
 110 the calculation.
 111 (50) "Resale advertising service" means any good or service
 112 relating to, or a promise of assistance in connection with,
 113 advertising or promoting the resale or rental of a consumer
 114 resale timeshare interest, including any offer or solicitation
 115 to advertise or promote the sale, purchase, or transfer of any
 116 such interest.

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117 Section 3. Subsection (9) of section 721.20, Florida
118 Statutes, is amended to read:

119 721.20 Licensing requirements; suspension or revocation of
120 license; exceptions to applicability; collection of advance fees
121 for listings unlawful.—

122 ~~(9) (a) Prior to listing or advertising a timeshare interest
123 for resale, a resale service provider shall provide to the
124 timeshare interest owner a description of any fees or costs
125 relating to the advertising, listing, or sale of the timeshare
126 interest that the timeshare interest owner, or any other person,
127 must pay to the resale service provider or any third party, when
128 such fees or costs are due, and the ratio or percentage of the
129 number of listings of timeshare interests for sale versus the
130 number of timeshare interests sold by the resale service
131 provider for each of the previous 2 calendar years.~~

132 ~~(b) Failure to disclose this information in writing
133 constitutes an unfair and deceptive trade practice pursuant to
134 chapter 501. Any contract entered into in violation of this
135 subsection is void and the purchaser is entitled to a full
136 refund of any moneys paid to the resale service provider.~~

137 Section 4. Section 721.205, Florida Statutes, is created to
138 read:

139 721.205 Resale service providers; disclosure obligations;
140 resale transfer agreements; resale transferee entities.—

141 (1) (a) Before engaging in resale brokerage services or
142 resale advertising services, a resale service provider must
143 provide to the consumer timeshare reseller:

144 1. A description of any fees or costs related to such
145 services that the consumer timeshare reseller, or any other

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146 person, is required to pay to the resale service provider or to
147 any third party.

148 2. A description of when such fees or costs are due.

149 3. The ratio or percentage of the number of timeshare
150 resale interests sold or rented versus the number of timeshare
151 resale interests listed for sale or rent by the timeshare resale
152 broker for each of the previous 2 calendar years.

153 (b) A resale service provider may not engage in those
154 activities described in s. 475.01(1) (a) without being the holder
155 of a valid and current active license in accordance with chapter
156 475.

157 (2) In the course of offering resale advertising services,
158 a resale advertiser may not:

159 (a) State or imply that the resale advertiser will provide
160 or assist in providing any type of direct sales or resale
161 brokerage services other than the advertising of the consumer
162 resale timeshare interest for sale or rent by the consumer
163 timeshare reseller.

164 (b) State or imply to a consumer timeshare reseller,
165 directly or indirectly, that the resale advertiser has
166 identified a person interested in buying or renting the
167 timeshare resale interest without providing the name, address,
168 and telephone number of such represented interested resale
169 purchaser; or state or imply, directly or indirectly, that its
170 resale advertising services are successful in identifying buyers
171 or renters unless the resale advertiser documents the responses
172 to its advertisements received by timeshare resale owners and,
173 before any payment for timeshare resale advertising activities
174 is collected, provides the consumer timeshare reseller the ratio

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175 or percentage of the timeshare interests advertised for sale
 176 that have resulted in a sale, or advertised for rental that have
 177 resulted in a rental, for each of the previous 2 calendar years.

178 (c) Make or submit any charge to a consumer timeshare
 179 reseller's credit card account; make or cause to be made any
 180 electronic transfer of consumer timeshare reseller funds; or
 181 collect any payment from a consumer timeshare reseller until
 182 after the resale advertiser has received a written contract
 183 complying in all respects with paragraph (d) that has been
 184 signed by the consumer timeshare reseller.

185 (d) Engage in any resale advertising services for
 186 compensation or valuable consideration without first obtaining a
 187 written contract to provide such services signed by the consumer
 188 timeshare reseller. Notwithstanding any other law, the contract
 189 must be printed in at least 12-point type and must contain the
 190 following information:

191 1. The name, address, telephone number, and web address, if
 192 any, of the resale advertiser and a mailing address and e-mail
 193 address to which a contract cancellation notice may be delivered
 194 at the consumer timeshare reseller's election.

195 2. A complete description of all resale advertising
 196 services to be provided, including, but not limited to, details
 197 regarding the publications, Internet sites, and other media in
 198 or on which the consumer resale timeshare interest will be
 199 advertised, the dates or time intervals for such advertising or
 200 the minimum number of times such advertising will be run in each
 201 specific medium, the itemized cost to the consumer timeshare
 202 reseller of each resale advertising service to be provided, and
 203 a statement of the total cost to the consumer timeshare reseller

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204 of all resale advertising services to be provided.

205 3. A statement printed in at least 12-point boldfaced type
 206 immediately preceding the space in the contract provided for the
 207 consumer timeshare reseller's signature in substantially the
 208 following form:

209
 210 TIMESHARE OWNER'S RIGHT OF CANCELLATION

211
 212 ...(Name of resale advertiser)... will provide resale
 213 advertising services pursuant to this contract. If
 214 ...(name of resale advertiser)... represents that
 215 ...(name of resale advertiser)... has identified a
 216 person who is interested in purchasing or renting your
 217 timeshare interest, then ...(name of resale
 218 advertiser)... must provide you with the name,
 219 address, and telephone number of such represented
 220 interested resale purchaser.

221
 222 You have an unwaivable right to cancel this contract
 223 for any reason within 7 days after the date you sign
 224 this contract. If you decide to cancel this contract,
 225 you must notify ...(name of resale advertiser)... in
 226 writing of your intent to cancel. Your notice of
 227 cancellation shall be effective upon the date sent and
 228 shall be sent to ...(resale advertiser's physical
 229 address)... or to ...(resale advertiser's e-mail
 230 address)... Your refund will be made within 20 days
 231 after receipt of notice of cancellation or within 5
 232 days after receipt of funds from your cleared check,

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233 whichever is later.

234

235 You are not obligated to pay ... (name of resale
 236 advertiser) ... any money unless you sign this contract
 237 and return it to ... (name of resale advertiser)....

238

239 IMPORTANT: The resale value of your timeshare interest
 240 may be substantially less than you paid to purchase
 241 it. Before signing this contract, you should carefully
 242 review your original timeshare purchase contract and
 243 other project documents to determine whether the
 244 developer has reserved a right of first refusal or
 245 other option to purchase your timeshare interest or to
 246 determine whether there are any restrictions or
 247 special conditions applicable to the resale or rental
 248 of your timeshare interest.

249

250 4. A statement that any resale contract entered into by or
 251 on behalf of the consumer timeshare reseller must comply in all
 252 respects with s. 721.065, including the provision of a 10-day
 253 cancellation period for the prospective consumer resale
 254 purchaser.

255 (e) Fail to honor any cancellation notice received from the
 256 consumer timeshare reseller within 7 days after the date the
 257 consumer timeshare reseller signs the contract for resale
 258 advertising services in compliance with subparagraph (d)3.

259 (f) Fail to provide a full refund of all money paid by a
 260 consumer timeshare reseller within 20 days after the date the
 261 consumer timeshare reseller signs the contract for resale

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262 advertising services in compliance with subparagraph (d)3.

263

264 (3) If a resale service provider uses a contract for resale
 265 advertising services that fails to comply with subsection (2),
 266 such contract shall be voidable at the option of the consumer
 267 timeshare reseller for a period of 1 year after the date it is
 268 executed by the consumer timeshare reseller.

269

270 (4) Notwithstanding obligations placed upon any other
 271 persons by this section, it is the duty of a resale service
 272 provider to supervise, manage, and control all aspects of the
 273 offering of resale brokerage services or resale advertising
 274 services by any agent or employee of the resale service
 275 provider. Any violation of this section that occurs during such
 276 offering shall be deemed a violation by the resale service
 277 provider as well as by the person actually committing the
 278 violation.

279

280 (5) Providing resale advertising services with respect to a
 281 consumer resale timeshare interest in a timeshare property
 282 located in this state, including acting as an agent or third-
 283 party service provider for a resale service provider,
 284 constitutes operating, conducting, engaging in, or carrying on a
 285 business or business venture in this state for the purposes of
 286 s. 48.193(1).

287 (6) The use of any unfair or deceptive act or practice by
 288 any person in connection with resale advertising services is a
 289 violation of this section.

290

291 (7) Notwithstanding any other penalties provided for in
 292 this section, any violation of this section is subject to a
 293 civil penalty of not more than \$15,000 per violation. In
 294 addition, a person who violates any provision of this section

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20121408__

291 commits an unfair and deceptive trade practice as prohibited by
292 s. 501.204 and is subject to the penalties and remedies provided
293 in part II of chapter 501.

294 Section 5. This act shall take effect July 1, 2012.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Communications, Energy, and Public Utilities,
Chair
Budget - Subcommittee on Finance and Tax
Judiciary
Reapportionment
Rules

SENATOR ANDY GARDINER

Majority Leader
9th District

January 17, 2012

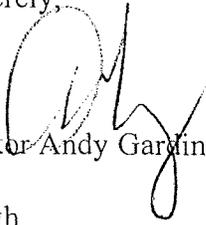
The Honorable Dennis Jones, Chair
Committee on Regulated Industries
330 Knott Building
404 South Monroe Street
Tallahassee, FL 32399-1100

Dear Chairman Jones,

Senate Bill 1408 Timeshares has been referred to your committee. This legislation prohibits unlicensed timeshare resale service providers from engaging in certain activities. I respectfully request that Senate Bill 1408 be heard before your committee.

If you have any questions regarding this request, please do not hesitate to call my office. Thank you for your time and consideration of this matter.

Sincerely,


Senator Andy Gardiner

AG:gh

Cc: Mr. Patrick Imhof, Staff Director

REPLY TO:

- 1013 East Michigan Street, Orlando, Florida 32806 (407) 428-5800
- 330 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5047

Senate's Website: www.flsenate.gov

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-25-12

Meeting Date

Topic Timeshare Resale

Bill Number 1408 & amendment
(if applicable)

Name Mark Hamilton

Amendment Barcode _____
(if applicable)

Job Title Bureau Chief, Economic Crimes -

Attorney General

Address PL-01 Cap

Phone (850) 245-0155
~~(850) 245-1994~~

Street

Tau FL 32399

City

State

Zip

E-mail mark.hamilton@myfloridalegal.com

Speaking: For Against Information

Representing Attorney General

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12
Meeting Date

Topic TIME-SHARE RESALES

Bill Number 1408
(if applicable)

Name JACK McRAY

Amendment Barcode _____
(if applicable)

Job Title _____

Address 200 W. COLLEGE ST. #304
Street

Phone _____

TLH FL 32301
City State Zip

E-mail jmcroy@aarp.org

Speaking: For Against Information

Representing AARP

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12
Meeting Date

Topic _____

Bill Number 1408
(if applicable)

Name Gary Hunter

Amendment Barcode _____
(if applicable)

Job Title _____

Address 119 S. Monroe St
Street
Tallahassee FL 32301
City State Zip

Phone 222-7500

E-mail ghunter@hgslaw.com

Speaking: For Against Information

Representing American Resort Development Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-25-12

Meeting Date

Topic Timeshare Resale Bill Number 1408
(if applicable)

Name Kimberly Case Amendment Barcode _____
(if applicable)

Job Title Legislative Affairs Director

Address ~~Tall FL~~ PL-01 Cap Phone (850) 245-0155
Street

Tall FL E-mail kimberly.case@myfloridalegal.com
City State Zip

Speaking: For Against Information

Representing Attorney General

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Regulated Industries Committee

BILL: SB 906

INTRODUCER: Senator Hays

SUBJECT: Public Records

DATE: January 26, 2012 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Oxamendi	Imhof	RI	Favorable
2.			GO	
3.				
4.				
5.				
6.				

I. Summary:

The bill expands the public records exemption for agency personnel information to include the home addresses, telephone numbers, and photographs of current or former investigators and inspectors of the Department of Business and Professional Regulation. The bill also exempts the home addresses, telephone numbers, and places of employment of the spouses and children of current or former investigators and inspectors of the Department of Business and Professional Regulation, as well as the names and locations of schools and day care facilities attended by their children. The bill requires investigators and inspectors of the Department of Business and Professional Regulation to have made reasonable efforts to protect their personal information from being accessible from alternate means.

The bill specifies that the exemptions are subject to the Open Government Sunset Review Act and provides a statement of public necessity for the exemptions.

This bill creates a new exemption and is subject to a two-thirds vote of each house of the Legislature pursuant to Article I, s. 24(c) of the State Constitution.

This bill amends section 119.071, Florida Statutes.

II. Present Situation:

The State of Florida has a long history of providing public access to governmental records. The Florida Legislature enacted the first public records law in 1892.¹ One hundred years later,

¹ Section 1390, 1391 F.S. (Rev. 1892).

Floridians adopted an amendment to the State Constitution that raised the statutory right of access to public records to a constitutional level.² Article I, s. 24 of the State Constitution, provides that:

(a) Every person has the right to inspect or copy any public record made or received in connection with the official business of any public body, officer, or employee of the state, or persons acting on their behalf, except with respect to records exempted pursuant to this section or specifically made confidential by this Constitution. This section specifically includes the legislative, executive, and judicial branches of government and each agency or department created thereunder; counties, municipalities, and districts; and each constitutional officer, board, and commission, or entity created pursuant to law or this Constitution.

In addition to the State Constitution, the Public Records Act,³ which pre-dates the State Constitution's public records provisions, specifies conditions under which public access must be provided to records of an agency.⁴ Section 119.07(1)(a), F.S., states:

Every person who has custody of a public record shall permit the record to be inspected and copied by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public records.

Unless specifically exempted, all agency records are available for public inspection. The term "public record" is broadly defined to mean:

all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency.⁵

The Florida Constitution also establishes a right of access to any public record made or received in connection with the official business of any public body, officer, or employee of the state, or persons acting on their behalf, except those records exempted by law or the State Constitution.

The Florida Supreme Court has interpreted this definition to encompass all materials made or received by an agency in connection with official business which are used to perpetuate,

² Article I, s. 24 of the State Constitution.

³ Chapter 119, F.S.

⁴ The word "agency" is defined in s. 119.011(2), F.S., to mean "any state, county, district, authority, or municipal officer, department, division, board, bureau, commission, or other separate unit of government created or established by law including, for the purposes of this chapter, the Commission on Ethics, the Public Service Commission, and the Office of Public Counsel, and any other public or private agency, person, partnership, corporation, or business entity acting on behalf of any public agency."

⁵ Section 119.011(11), F.S.

communicate, or formalize knowledge.⁶ All such materials, regardless of whether they are in final form, are open for public inspection unless made exempt.⁷

Only the Legislature is authorized to create exemptions to open government requirements.⁸ Exemptions must be created by general law, and such law must specifically state the public necessity justifying the exemption. Further, the exemption must be no broader than necessary to accomplish the stated purpose of the law.⁹ A bill enacting an exemption¹⁰ may not contain other substantive provisions, although it may contain multiple exemptions that relate to one subject.¹¹

There is a difference between records that the Legislature has made exempt from public inspection and those that are *confidential* and exempt. If the Legislature makes a record confidential and exempt, such information may not be released by an agency to anyone other than to the persons or entities designated in the statute.¹² If a record is simply made exempt from disclosure requirements, an agency is not prohibited from disclosing the record in all circumstances.¹³

The Open Government Sunset Review Act¹⁴ provides for the systematic review, through a 5-year cycle ending October 2nd of the 5th year following enactment, of an exemption from the Public Records Act or the Public Meetings Law.¹⁵

The act states that an exemption may be created, revised or expanded only if it serves an identifiable public purpose and if the exemption is no broader than necessary to meet the public purpose it serves. An identifiable public purpose is served if the exemption meets one of three specified criteria and if the Legislature finds that the purpose is sufficiently compelling to override the strong public policy of open government and cannot be accomplished without the exemption. An exemption meets the three statutory criteria if it:

- (1) allows the state or its political subdivisions to effectively and efficiently administer a governmental program, which administration would be significantly impaired without the exemption;
- (2) protects information of a sensitive personal nature concerning individuals, the release of which would be defamatory or cause unwarranted damage to the good name or reputation of such individuals, or would jeopardize their safety; or
- (3) protects information of a confidential nature concerning entities, including, but not limited to, a formula, pattern, device, combination of devices, or compilation of information that is used to protect or further a business advantage over those

⁶ *Shevin v. Byron, Harless, Schaffer, Reid and Associates, Inc.*, 379 So. 2d 633, 640 (Fla. 1980).

⁷ *Wait v. Florida Power & Light Company*, 372 So. 2d 420 (Fla. 1979).

⁸ Article I, s. 24(c), Florida Constitution.

⁹ *Memorial Hospital-West Volusia v. News-Journal Corporation*, 729 So. 2d 373, 380 (Fla. 1999); *Halifax Hospital Medical Center v. News-Journal Corporation*, 724 So. 2d 567, 569 (Fla. 1999).

¹⁰ Under s. 119.15, F.S., an existing exemption may be considered a new exemption if the exemption is expanded to cover additional records.

¹¹ Article I, s. 24(c), Florida Constitution.

¹² Fla. AGO 85-62 (August 1, 1985).

¹³ *Williams v. City of Minneola*, 575 So. 2d 683, 687 (Fla. 5th DCA 1991), *review denied*, 589 So. 2d 289 (Fla. 1991).

¹⁴ Section 119.15, F.S.

¹⁵ Section 286.011, F.S.

who do not know or use it, the disclosure of which would injure the affected entity in the marketplace.¹⁶

The act also requires consideration of the following:

- (1) What specific records or meetings are affected by the exemption?
- (2) Whom does the exemption uniquely affect, as opposed to the general public?
- (3) What is the identifiable public purpose or goal of the exemption?
- (4) Can the information contained in the records or discussed in the meeting be readily obtained by alternative means? If so, how?
- (5) Is the record or meeting protected by another exemption?
- (6) Are there multiple exemptions for the same type of record or meeting that it would be appropriate to merge?

While the standards in the Open Government Sunset Review Act may appear to limit the Legislature in the exemption review process, those aspects of the act that are only statutory, as opposed to constitutional, do not limit the Legislature because one session of the Legislature cannot bind another.¹⁷ The Legislature is only limited in its review process by constitutional requirements.

Further, s. 119.15(8)(e), F.S., makes explicit that:

notwithstanding s. 768.28 or any other law, neither the state or its political subdivisions nor any other public body shall be made party to any suit in any court or incur any liability for the repeal or revival and reenactment of an exemption under this section. The failure of the Legislature to comply strictly with this section does not invalidate an otherwise valid reenactment.

Under s. 119.10(1)(a), F.S., any public officer who violates any provision of the Public Records Act is guilty of a noncriminal infraction, punishable by a fine not to exceed \$500. Further, under paragraph (b) of that subsection, a public officer who knowingly violates the provisions of s. 119.07(1), F.S., relating to the right to inspect public records, commits a first-degree misdemeanor, and is subject to suspension and removal from office or impeachment. Any person who willfully and knowingly violates any provision of the chapter is guilty of a first-degree misdemeanor, punishable by potential imprisonment not exceeding one year and a fine not exceeding \$1,000.

Agency Personnel Information

Currently, under s. 119.071(4), F.S., specified personal information relating to the employees of agencies is protected from disclosure. For example, for current or former code enforcement officers, s. 119.071(4)5., F.S., provides a public records exemption for:

- their home addresses, telephone numbers, and photographs;

¹⁶ Section 119.15(6)(b), F.S.

¹⁷ *Straughn v. Camp*, 293 So. 2d 689, 694 (Fla. 1974).

- the home addresses, telephone numbers, and places of employment of their spouses and children; and
- the names and locations of schools and day care facilities attended by their children are exempt from disclosure.

Section 119.071(4), F.S., provides similar records exemptions for the following agency personnel:

- Active or former law enforcement personnel;
- Department of Children and Family Services;
- Department of Health;
- Department of Revenue;
- Florida Supreme Court justices;
- Former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors;
- General magistrates, special magistrates, judges of compensation claims, administrative law judges of the Division of Administrative Hearings, and child support hearing officers;
- Current or former human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local government agency;
- Current or former United States attorneys and assistant United States attorneys;
- Former judges of the United States of Appeal, United States district judges, and United States magistrate judges;
- Current or former code enforcement officers;
- Current or former guardians ad litem;
- Current or former juvenile probation officers; and
- Supervisors, group treatment leaders, group treatment leader supervisors, rehabilitation therapists, and social service counselors of the Department of Juvenile Justice.

Department of Business and Professional Regulation

The Department of Business and Professional Regulation (department) is delegated responsibility for both professional regulation and business regulation. The department's division of regulation monitors more than twenty professions and related businesses to ensure that those professions and businesses comply with the rules and standards set by the Legislature, professional boards, and the department. Department inspectors and investigators are required to investigate any complaint that is received in writing, to determine if it is legally sufficient, to review whether it is either signed by the complainant or if not signed, to determine if it is believed to be true after an initial inquiry by the agency.¹⁸ In addition, department inspectors and investigators are required to complete other routine inspections by the department.¹⁹ In many instances the inspectors and investigators have the authority to immediately issue a citation to the offending party.²⁰ The department not only conducts and prosecutes violations of offending

¹⁸ Section 455.225(1)(a), F.S.

¹⁹ See Rule 61G5-30.001, F.A.C.

²⁰ See Rule 61G5-30.004, F.A.C.

agency rules and regulations, but the agency also has a duty to notify the proper prosecuting authority when there is a criminal violation of any statute related to the practice of a profession by the department.²¹

Presently, the home addresses, telephone numbers, and photographs of current or former investigators and inspectors of the department; the names, home addresses, telephone numbers, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are not exempt from public disclosure.²² The department's Alcoholic Beverages and Tobacco division does employ some sworn police officers (agents) to conduct investigations for that division. Agents can complete investigations in cooperation with investigators or inspectors or with other agents. However, only the agents who are sworn law enforcement officer are currently protected under the exemption for law enforcement personnel in s. 119.017(4)(d)1.a., F.S., but not the agency's other inspectors or investigators.

The department's inspectors and investigators have reported incidents of threats and abuse. According to the department, after issuing a citation in an Orlando salon, an investigator received numerous threatening phone calls to her home telephone number. The threats did not cease until the investigator reported the threats to local law enforcement.

In 2006, an Orlando area investigator was verbally abused when a licensee told her that he wished harm upon her before the end of the day.²³ In 2007 and then again in 2008, another Orlando investigator had her state vehicle vandalized while it was parked outside her home at night.²⁴

Two Jacksonville investigators received threatening calls to their home numbers after conducting investigations. In 2008, a Jacksonville inspector had to have his personal cell phone number changed after it had been compromised by a private investigator. Both investigators have since had their telephone numbers changed to be unlisted. In 2007, an inspector in Ft. Myers arrived home to find a subject of one of her investigations sitting on her front doorstep. Another inspector from the same regional office had a convicted felon call her at home in late 2008.

The department's Miami regional office has reported multiple incidents as well in 2008. On one occasion, an investigator noticed one of the subject's of his investigation, an investigation which resulted in the subject's arrest, driving slowly past his house. Another had numerous subjects of investigations knock on their front door after their home address had been posted at the

²¹ Section 455.2277, F.S.

²² The Department of Business and Professional Regulation does not routinely collect the names and locations of the schools and day care facilities attended by the children of department investigators and inspectors. However, the department has expressed an interest in having this information part of the exemption in the event that the information has been made part of the personnel file or case file inadvertently. Otherwise, the department is concerned that this information could be available to the public when completing a public records request.

²³ See Recommended Order in *Dept. Business and Professional Regulation v. Tony's Hair Styling*, DOAH Case No. 05-007711, where the formal hearing found the licensee guilty of interfering with an agency inspection.

²⁴ Information supplied by the Department of Business and Professional Regulation.. Redacted information in on file with the committee.

department. And yet another had numerous threatening phone calls on her cell phone, and threats to both her family and children.²⁵

III. Effect of Proposed Changes:

The bill expands the public records exemption in s. 119.071(4), F.S., for agency personnel information to include the home addresses, telephone numbers, and photographs of current or former investigators and inspectors of the department. The bill also exempts the names, home addresses, telephone numbers, and places of employment of the spouses and children of such personnel, as well as the names and locations of schools and day care facilities attended by their children. The exemption applies to information for the investigators and inspectors of the department who have made reasonable efforts to protect their personal information from being accessible from alternate means.

The bill provides that the amendments made by the act are subject to the Open Government Sunset Review Act in accordance with s. 119.15, F.S., and provides that the public-records exemptions will stand repealed on October 2, 2014, unless reviewed and saved from repeal through reenactment by the Legislature.

Justification of public necessity for the exemptions is also provided, stating that release of the information might place the investigators, inspectors, or the family members of these investigators or inspectors in harm or a threat of harm by a current or former litigant or person under investigation by the department, and, therefore, the harm that would result from the release of the information outweighs any public benefit that might result from the disclosure.

The bill provides an effective date of July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

Only the Legislature is authorized to create exemptions to open government requirements.²⁶

Exemptions must be created by general law, and such law must specifically state the public necessity justifying the exemption. Further, the exemption must be no broader than necessary to accomplish the stated purpose of the law.²⁷ A bill enacting an exemption may not contain other substantive provisions, although it may contain multiple exemptions that relate to one subject.²⁸ A bill enacting a new public records exemption is

²⁵ *Id.*

²⁶ Article I, s. 24(c), Florida Constitution.

²⁷ *Memorial Hospital-West Volusia v. News-Journal Corporation*, 729 So. 2d 373, 380 (Fla. 1999); *Halifax Hospital Medical Center v. News-Journal Corporation*, 724 So. 2d 567, 569 (Fla. 1999).

²⁸ *Supra* at n. 26.

subject to a two-thirds vote of each house of the Legislature pursuant to Article I, s. 24(c), Florida Constitution.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Hays

20-00550A-12

2012906__

1 A bill to be entitled
 2 An act relating to public records; amending s.
 3 119.071, F.S.; exempting from public record
 4 requirements identifying information relating to
 5 current and former investigators and inspectors of the
 6 Department of Business and Professional Regulation and
 7 their spouses and children; providing for future
 8 repeal and legislative review of the exemption under
 9 the Open Government Sunset Review Act; providing a
 10 statement of public necessity; providing an effective
 11 date.
 12
 13 Be It Enacted by the Legislature of the State of Florida:
 14
 15 Section 1. Subsection (4) of section 119.071, Florida
 16 Statutes, is amended to read:
 17 119.071 General exemptions from inspection or copying of
 18 public records.—
 19 (4) AGENCY PERSONNEL INFORMATION.—
 20 (a) The social security numbers of all current and former
 21 agency employees which numbers are held by the employing agency
 22 are confidential and exempt from s. 119.07(1) and s. 24(a), Art.
 23 I of the State Constitution. This paragraph is subject to the
 24 Open Government Sunset Review Act in accordance with s. 119.15
 25 and shall stand repealed on October 2, 2014, unless reviewed and
 26 saved from repeal through reenactment by the Legislature.
 27 (b)1. Medical information pertaining to a prospective,
 28 current, or former officer or employee of an agency which, if
 29 disclosed, would identify that officer or employee is exempt

Page 1 of 8

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

20-00550A-12

2012906__

30 from s. 119.07(1) and s. 24(a), Art. I of the State
 31 Constitution. However, such information may be disclosed if the
 32 person to whom the information pertains or the person's legal
 33 representative provides written permission or pursuant to court
 34 order.
 35 2.a. Personal identifying information of a dependent child
 36 of a current or former officer or employee of an agency, which
 37 dependent child is insured by an agency group insurance plan, is
 38 exempt from s. 119.07(1) and s. 24(a), Art. I of the State
 39 Constitution. For purposes of this exemption, "dependent child"
 40 has the same meaning as in s. 409.2554.
 41 b. This exemption is remedial in nature and applies to
 42 personal identifying information held by an agency before, on,
 43 or after the effective date of this exemption.
 44 c. This subparagraph is subject to the Open Government
 45 Sunset Review Act in accordance with s. 119.15 and shall stand
 46 repealed on October 2, 2014, unless reviewed and saved from
 47 repeal through reenactment by the Legislature.
 48 (c) Any information revealing undercover personnel of any
 49 criminal justice agency is exempt from s. 119.07(1) and s.
 50 24(a), Art. I of the State Constitution.
 51 (d)1.a. The home addresses, telephone numbers, social
 52 security numbers, and photographs of active or former law
 53 enforcement personnel, including correctional and correctional
 54 probation officers, personnel of the Department of Children and
 55 Family Services whose duties include the investigation of abuse,
 56 neglect, exploitation, fraud, theft, or other criminal
 57 activities, personnel of the Department of Health whose duties
 58 are to support the investigation of child abuse or neglect, and

Page 2 of 8

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

20-00550A-12 2012906
 59 personnel of the Department of Revenue or local governments
 60 whose responsibilities include revenue collection and
 61 enforcement or child support enforcement; the home addresses,
 62 telephone numbers, social security numbers, photographs, and
 63 places of employment of the spouses and children of such
 64 personnel; and the names and locations of schools and day care
 65 facilities attended by the children of such personnel are exempt
 66 from s. 119.07(1).

67 b. The home addresses, telephone numbers, and photographs
 68 of firefighters certified in compliance with s. 633.35; the home
 69 addresses, telephone numbers, photographs, and places of
 70 employment of the spouses and children of such firefighters; and
 71 the names and locations of schools and day care facilities
 72 attended by the children of such firefighters are exempt from s.
 73 119.07(1).

74 c. The home addresses and telephone numbers of justices of
 75 the Supreme Court, district court of appeal judges, circuit
 76 court judges, and county court judges; the home addresses,
 77 telephone numbers, and places of employment of the spouses and
 78 children of justices and judges; and the names and locations of
 79 schools and day care facilities attended by the children of
 80 justices and judges are exempt from s. 119.07(1).

81 d. The home addresses, telephone numbers, social security
 82 numbers, and photographs of current or former state attorneys,
 83 assistant state attorneys, statewide prosecutors, or assistant
 84 statewide prosecutors; the home addresses, telephone numbers,
 85 social security numbers, photographs, and places of employment
 86 of the spouses and children of current or former state
 87 attorneys, assistant state attorneys, statewide prosecutors, or

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 88 assistant statewide prosecutors; and the names and locations of
 89 schools and day care facilities attended by the children of
 90 current or former state attorneys, assistant state attorneys,
 91 statewide prosecutors, or assistant statewide prosecutors are
 92 exempt from s. 119.07(1) and s. 24(a), Art. I of the State
 93 Constitution.

94 e. The home addresses and telephone numbers of general
 95 magistrates, special magistrates, judges of compensation claims,
 96 administrative law judges of the Division of Administrative
 97 Hearings, and child support enforcement hearing officers; the
 98 home addresses, telephone numbers, and places of employment of
 99 the spouses and children of general magistrates, special
 100 magistrates, judges of compensation claims, administrative law
 101 judges of the Division of Administrative Hearings, and child
 102 support enforcement hearing officers; and the names and
 103 locations of schools and day care facilities attended by the
 104 children of general magistrates, special magistrates, judges of
 105 compensation claims, administrative law judges of the Division
 106 of Administrative Hearings, and child support enforcement
 107 hearing officers are exempt from s. 119.07(1) and s. 24(a), Art.
 108 I of the State Constitution if the general magistrate, special
 109 magistrate, judge of compensation claims, administrative law
 110 judge of the Division of Administrative Hearings, or child
 111 support hearing officer provides a written statement that the
 112 general magistrate, special magistrate, judge of compensation
 113 claims, administrative law judge of the Division of
 114 Administrative Hearings, or child support hearing officer has
 115 made reasonable efforts to protect such information from being
 116 accessible through other means available to the public. This

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 117 sub-subparagraph is subject to the Open Government Sunset Review
 118 Act in accordance with s. 119.15, and shall stand repealed on
 119 October 2, 2013, unless reviewed and saved from repeal through
 120 reenactment by the Legislature.

121 f. The home addresses, telephone numbers, and photographs
 122 of current or former human resource, labor relations, or
 123 employee relations directors, assistant directors, managers, or
 124 assistant managers of any local government agency or water
 125 management district whose duties include hiring and firing
 126 employees, labor contract negotiation, administration, or other
 127 personnel-related duties; the names, home addresses, telephone
 128 numbers, and places of employment of the spouses and children of
 129 such personnel; and the names and locations of schools and day
 130 care facilities attended by the children of such personnel are
 131 exempt from s. 119.07(1) and s. 24(a), Art. I of the State
 132 Constitution.

133 g. The home addresses, telephone numbers, and photographs
 134 of current or former code enforcement officers; the names, home
 135 addresses, telephone numbers, and places of employment of the
 136 spouses and children of such personnel; and the names and
 137 locations of schools and day care facilities attended by the
 138 children of such personnel are exempt from s. 119.07(1) and s.
 139 24(a), Art. I of the State Constitution.

140 h. The home addresses, telephone numbers, places of
 141 employment, and photographs of current or former guardians ad
 142 litem, as defined in s. 39.820; the names, home addresses,
 143 telephone numbers, and places of employment of the spouses and
 144 children of such persons; and the names and locations of schools
 145 and day care facilities attended by the children of such persons

20-00550A-12 2012906
 146 are exempt from s. 119.07(1) and s. 24(a), Art. I of the State
 147 Constitution, if the guardian ad litem provides a written
 148 statement that the guardian ad litem has made reasonable efforts
 149 to protect such information from being accessible through other
 150 means available to the public. This sub-subparagraph is subject
 151 to the Open Government Sunset Review Act in accordance with s.
 152 119.15 and shall stand repealed on October 2, 2015, unless
 153 reviewed and saved from repeal through reenactment by the
 154 Legislature.

155 i. The home addresses, telephone numbers, and photographs
 156 of current or former juvenile probation officers, juvenile
 157 probation supervisors, detention superintendents, assistant
 158 detention superintendents, juvenile justice detention officers I
 159 and II, juvenile justice detention officer supervisors, juvenile
 160 justice residential officers, juvenile justice residential
 161 officer supervisors I and II, juvenile justice counselors,
 162 juvenile justice counselor supervisors, human services counselor
 163 administrators, senior human services counselor administrators,
 164 rehabilitation therapists, and social services counselors of the
 165 Department of Juvenile Justice; the names, home addresses,
 166 telephone numbers, and places of employment of spouses and
 167 children of such personnel; and the names and locations of
 168 schools and day care facilities attended by the children of such
 169 personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of
 170 the State Constitution.

171 j. The home addresses, telephone numbers, and photographs
 172 of current or former public defenders, assistant public
 173 defenders, criminal conflict and civil regional counsel, and
 174 assistant criminal conflict and civil regional counsel; the home

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 175 addresses, telephone numbers, and places of employment of the
 176 spouses and children of such defenders or counsel; and the names
 177 and locations of schools and day care facilities attended by the
 178 children of such defenders or counsel are exempt from s.
 179 119.07(1) and s. 24(a), Art. I of the State Constitution. This
 180 sub-subparagraph is subject to the Open Government Sunset Review
 181 Act in accordance with s. 119.15 and shall stand repealed on
 182 October 2, 2015, unless reviewed and saved from repeal through
 183 reenactment by the Legislature.

184 k. The home addresses, telephone numbers, and photographs
 185 of current and former investigators and inspectors of the
 186 Department of Business and Professional Regulation; the names,
 187 home addresses, telephone numbers, and places of employment of
 188 the spouses and children of such current or former investigators
 189 and inspectors; and the names and locations of schools and day
 190 care facilities attended by the children of such current or
 191 former investigators and inspectors are exempt from s. 119.07(1)
 192 and s. 24(a), Art. I of the State Constitution if the
 193 investigator or inspector has made reasonable efforts to protect
 194 such information from being accessible through other means
 195 available to the public. This sub-subparagraph is subject to the
 196 Open Government Sunset Review Act in accordance with s. 119.15
 197 and shall stand repealed on October 2, 2017, unless reviewed and
 198 saved from repeal through reenactment by the Legislature.

199 2. An agency that is the custodian of the information
 200 specified in subparagraph 1. and that is not the employer of the
 201 officer, employee, justice, judge, or other person specified in
 202 subparagraph 1. shall maintain the exempt status of that
 203 information only if the officer, employee, justice, judge, other

20-00550A-12 2012906__
 204 person, or employing agency of the designated employee submits a
 205 written request for maintenance of the exemption to the
 206 custodial agency.

207 Section 2. The Legislature finds that it is a public
 208 necessity that the home addresses, telephone numbers, and
 209 photographs of current and former investigators and inspectors
 210 of the Department of Business and Professional Regulation, the
 211 names, home addresses, telephone numbers, and places of
 212 employment of the spouses and children of such current or former
 213 investigators and inspectors, and the names and locations of
 214 schools and day care facilities attended by the children of such
 215 current or former investigators and inspectors be made exempt
 216 from public records requirements. The Legislature finds that the
 217 release of such identifying and location information might place
 218 the department's investigators and inspectors and their family
 219 members in danger of physical and emotional harm from
 220 disgruntled individuals whose business or professional practice
 221 have come under the scrutiny of investigators and inspectors of
 222 the department. The Legislature further finds that the harm that
 223 may result from the release of such personal identifying and
 224 location information outweighs any public benefit that may be
 225 derived from the disclosure of the information.

226 Section 3. This act shall take effect July 1, 2012.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

SENATOR D. ALAN HAYS

20th District

COMMITTEES:
Budget - Subcommittee on General Government
Appropriations, *Chair*
Agriculture
Banking and Insurance
Budget
Budget - Subcommittee on Higher Education
Appropriations
Children, Families, and Elder Affairs
Reapportionment

January 12, 2012

Senator Dennis L. Jones, D.C., Chair
Regulated Industries Committee
408 Senate Office Building
330 Knott Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

RE: SB 906 Relating to Public Records/Investigators and Inspectors/Department of Business and Professional Regulation

Dear Chair Jones:

I respectfully request my above bill be heard before your committee. I feel this bill will benefit the citizens of our state.

Thank you in advance for your consideration, and please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "D. Alan Hays, DMD".

Senator D. Alan Hays, DMD
District 20

CC: **Patrick L. "Booter" Imhof**, *Staff Director*
Lynn Koon, *Committee Administrative Assistant*

REPLY TO:

- 871 South Central Avenue, Umatilla, Florida 32784-9290 (352) 742-6441
- 324 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5014

Senate's Website: www.flsenate.gov

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12
Meeting Date

Topic Investigations
SB 906 - Exemption of Public Records

Bill Number SB 906
(if applicable)

Name Tim Hungesser

Amendment Barcode _____
(if applicable)

Job Title Director of Legislative Affairs

Address 1940 N. Monroe St.
Street

Phone (850) 487-4827

Tall. FL 32303
City State Zip

E-mail tim.hungesser@dbpr.state.fl.us

Speaking: For Against Information

Representing DBPR

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Regulated Industries Committee

BILL: CS/SB 382

INTRODUCER: Regulated Industries Committee and Senator Sachs and others

SUBJECT: Greyhound Racing

DATE: January 26, 2012 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Harrington	Imhof	RI	Fav/CS
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE..... Statement of Substantial Changes

B. AMENDMENTS..... Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

I. Summary:

The Committee Substitute (CS) deletes the live racing requirements for greyhound permitholders. It extends the deadline for greyhound permitholders for applying to the Division of Pari-mutuel Wagering (division) of the Department of Business and Professional Regulation (department) for the live racing dates, allowing greyhound permitholders time to amend their completed applications and remove or reduce their live racing schedule.

The CS pools the unused tax credits that result from some greyhound permitholders electing not to conduct live racing. These pooled credits are distributed on a pro rata basis to each greyhound permitholder that does conduct a full schedule of live racing, based on the permitholder's share of live and intertrack wagering handle.

The CS provides that greyhound permitholders may conduct intertrack wagering and may operate a cardroom, regardless of live racing, if the greyhound permitholder has conducted ten years of live racing prior to conducting intertrack wagering or applying for a cardroom license. If applicable, greyhound permitholders may operate slot machine gaming operations regardless of whether they have run live greyhound racing.

The CS also amends the definition of eligible facility for slot machine licensees. Under the CS, any facility in any other county [counties other than those specifically referenced in the definition for eligible facility] may become eligible for slot machine gaming if the county takes action to place the question on a countywide referendum on or before January 31, 2012. The CS defines “county takes action” to mean that the county: (a) adopts an ordinance or resolution setting a countywide referendum; (b) approves a countywide referendum and directs county staff to prepare a resolution or ordinance to implement the approval; or (c) places a resolution or ordinance on the agenda for the county’s next scheduled meeting of its governing body. The CS does not appear to require any countywide referendum vote or approval of slot machine gaming. The CS provides that although a license may be issued to an eligible facility outside of Miami-Dade or Broward Counties, no license may authorize slot machine gaming before July 7, 2015.

The CS becomes effective on July 1, 2012.

This CS amends the following sections of the Florida Statutes: 550.002, 550.01215, 550.054, 550.0951, 550.09514, 550.26165, 550.475, 550.615, 550.6305, 551.102, 551.104, 551.114, and 849.086.

II. Present Situation:

Background

The Division of Pari-mutuel Wagering of the Department of Business and Professional Regulation provides regulatory oversight to pari-mutuel wagering activities, cardrooms located at pari-mutuel facilities, and slot machines located at pari-mutuel facilities located in Miami-Dade and Broward Counties. The mission of the division is the efficient, effective and fair regulation of authorized gaming at pari-mutuel facilities in Florida.¹

The division’s primary responsibilities include:

- Ensuring that races and games are conducted fairly and accurately;
- Ensuring the safety and welfare of racing animals;
- Collecting state revenue accurately and timely;
- Issuing occupational and permitholder operating licenses;
- Regulating pari-mutuel, cardroom, and slot machine operations;
- Ensuring that permitholders, licensees, and businesses related to the industries comply with state law; and
- Serving as the State Compliance Agency for the Compact between the Seminole Tribe of Florida and the State of Florida.

The division provides oversight to:

- 35 permitholders operating at 29 facilities:
 - 16 Greyhound
 - 3 Thoroughbred
 - 1 Harness

¹ <http://www.myflorida.com/dbpr/pmw/index.html> (last visited January 23, 2012).

- 6 Jai-Alai
- 1 track offering limited intertrack wagering and horse sales
- 2 Quarter Horse
- 24 Cardrooms operating at pari-mutuel facilities
- 6 Slot facilities located in Broward and Miami-Dade County pari-mutuel facilities.

Greyhound Racing

Greyhound racing was authorized in Florida in 1931.² Betting is permitted on the outcome of the races around an oval track. The greyhounds typically chase a “lure,” which is usually a mechanical hare or rabbit. Racing greyhounds are those which are bred, raised, or trained to be used in racing at a pari-mutuel facility and are registered with the National Greyhound Association.³

Greyhound Racing Pari-Mutuel Facilities			
Facility	Location	Cardroom	Slots
Daytona Beach Kennel Club	960 South Williamson Blvd. Daytona Beach, FL 32114	Yes	No
Derby Lane (St. Petersburg Kennel Club)	Post Office Box 22099 St. Petersburg, Florida 33742	Yes	No
Ebro Greyhound Park (Washington County Kennel Club)	6558 Dog Track Road Ebro, Florida 32437	Yes	No
Flagler Dog Track and Magic City Casino	Post Office Box 350940 Miami, Florida 33135	Yes	Yes
Jacksonville Kennel Club (racing at Orange Park)	Post Office Box 959 Orange Park, Florida 32067	No	No
Jefferson County Kennel Club	Post Office Box 400 Monticello, Florida 32345	Yes	No
Mardi Gras Racetrack and Gaming Center	Post Office Box 2007 Hollywood, Florida 33022	Yes	Yes
Melbourne Greyhound Park	1100 North Wickham Road Melbourne, Florida 32935	Yes	No
Naples/Ft. Meyers Greyhound Track	Post Office Box 2567 Bonita Springs, Florida 34133	Yes	No
Orange Park Kennel Club	Post Office Box 959 Orange Park, Florida 32067	Yes	No
Palm Beach Kennel Club	1111 North Congress Avenue West Palm Beach, Florida 33409	Yes	No

² *Deregulation of Intertrack and Simulcast Wagering at Florida's Pari-Mutuel Facilities*, Interim Report No. 2006-145, Florida Senate Committee on Regulated Industries, September 2005.

³ Section 550.002(29), F.S.

Pensacola Greyhound Track	Post Office Box 12824 Pensacola, Florida 32591	Yes	No
Sanford Orlando/Penn Sanford	301 Dog Track Road Longwood, Florida 32750	No	No
Sarasota Kennel Club	5400 Bradenton Road Sarasota, Florida 34234	Yes	No
St. Johns Kennel Club (racing at Orange Park)	Post Office Box 959 Orange Park, Florida 32067	Yes	No
Tampa Greyhound Track (racing at Derby Lane)	Post Office Box 8096 Tampa, Florida 33674	Yes	No

Full Schedule of Live Racing

Section 550.002(11), F.S., defines what constitutes a full schedule of live racing. Each type of permit has a different requirement.

FULL SCHEDULE OF LIVE RACING OR GAMES	
Type of Facility	Full Schedule
Greyhound Racing	100 live evening or matinee performances
Jai Alai ⁴	100 live evening or matinee performances
Harness Racing	100 live regular wagering performances
Thoroughbred Racing	40 live regular wagering performances
Quarter horse Racing ⁵	30 live regular wagering performances

⁴ Generally a jai alai fronton must conduct 100 performances to constitute a full schedule of games. However, two exceptions exist. 1) For a jai alai permitholder who does not operate slot machines in its pari-mutuel facility, who has conducted at least 100 performances per year for at least 10 years after December 31, 1992, and whose handle on live jai alai games conducted at its facility has been less than \$4 million per state fiscal year for at least 2 consecutive years after June 30, 1992, the conduct of at least 40 live evening or matinee performances constitutes a full schedule of live games. 2) If the fronton operates slot machines in its facility, then the conduct of at least 150 performances constitutes a full schedule.

⁵ For year 2011-2012, a full schedule of live racing for a quarter horse facility will be 30 live regular wagering performances. For every year after 2012-2013, a full schedule of live racing for a quarter horse facility will be 40 live regular wagering performances. If the quarter horse facility leases another track, the conduct of 160 events (or 20 performances) will constitute a full schedule of live racing. However, any quarter horse facility running live at its own track may agree to an alternate schedule of 20 live performances if the permitholder and either the Quarter Horse Racing Association or the horsemen’s association representing the majority of the owners and trainers at the facility agree to the reduced racing schedule.

A live performance must consist of no fewer than eight races or games conducted live for a minimum of three performances each week at the permitholder's facility.⁶

Intertrack Wagering

Wagers on live races at other tracks are divided into categories called intertrack and simulcast wagering under the Florida Statutes. Intertrack wagering is defined as "a particular form of pari-mutuel wagering in which wagers are accepted at a permitted, in-state track, fronton, or pari-mutuel facility on a race or game transmitted from and performed live at, or simulcast signal re-broadcast from, another in-state pari-mutuel facility."⁷ Simulcast wagering, on the other hand, is defined as "broadcasting events occurring live at an in-state location to an out-of-state location, or receiving at an in-state location events occurring live at an out-of-state location, by the transmittal, retransmittal, reception, and rebroadcast of television or radio signals by wire, cable, satellite, microwave, or other electrical or electronic means for receiving or rebroadcasting the events."⁸

Intertrack and simulcast wagering transactions occur between guest and host tracks. The host track is defined as "a track or fronton conducting a live or simulcast race or game that is the subject of an intertrack wager."⁹ A host track transmits signals to a guest track.

Simulcasting may only be accepted between facilities with the same class of pari-mutuel permits. For example, horseracing permitholders may only receive signals from other horseracing permitholders.

Simulcast and intertrack wagering have rules and regulations depending on the market area, which is the area within 25 miles of the track or fronton.¹⁰ For example, guest tracks within the market area of the operating permitholder must receive consent from the host track to receive the same class signal.¹¹ However, in general, in order for the track or fronton to participate in intertrack or simulcast wagering, the track or fronton must be licensed by the division and must have conducted a full schedule of live racing in the preceding year to receive broadcasts and accept wagers.¹²

Purses

Section 550.09514, F.S., governs greyhound purse payments. Greyhound permitholders are required to pay a minimum purse payment plus a supplement payment of 75 percent of the daily license fees paid during the 1994-1995 fiscal year.¹³

Greyhound permitholders who conduct at least three live performances during a week must pay purses on wagers it accepts as a guest track on intertrack and simulcast greyhound races at the

⁶ Section 550.002(11), F.S.

⁷ Section 550.002(17), F.S.

⁸ Section 550.002(32), F.S.

⁹ Section 550.002(16), F.S.

¹⁰ Section 550.002(19), F.S.

¹¹ Section 550.615(4), F.S.

¹² Section 550.615(2), F.S.

¹³ Sections 550.09514(2)(a)-(b), F.S.

same rate it pays on live races. In addition, greyhound tracks pay one-third of any tax reduction on live and simulcast handle as purses.¹⁴

The division requires adequate documentation to ensure that the purses paid by greyhound permitholders on live racing does not fall below the amount paid in the 1993-1994 fiscal year.¹⁵ During each race week, the permitholder is required to have a weekly report available to show the division staff and kennel operators the amount of purses paid on live racing, simulcast, and intertrack wagering.¹⁶

Each greyhound permitholder must pay purse awards directly to the dog owners who have filed proper tax paperwork with the permitholder.¹⁷

In addition to paying purses on pari-mutuel activity, each greyhound permitholder is also required to pay 4 percent of the cardroom's monthly gross receipts to supplement greyhound purses.¹⁸

Greyhound Taxes and Credits¹⁹

Greyhound permitholders pay a tax on handle of 5.5 percent.²⁰ Each host greyhound track must also pay taxes on the greyhound broadcasts it sends to other tracks.²¹ For the dog tracks located in three contiguous counties, the tax on handle for intertrack wagers is 3.9 percent.²² However, each permitholder has a tax credit of \$360,000 and pays no tax on handle until that credit is utilized.²³ For the three greyhound permitholders that conducted a full schedule of live racing in 1995, and that are closest to another state that authorizes greyhound pari-mutuel wagering, the maximum tax credit per state fiscal year is \$500,000.²⁴ Each permitholder, who cannot utilize the full tax exemption, may notify the division that the permitholder wishes to transfer their credits to another greyhound permitholder.²⁵ Each permitholder may only transfer credits once per year, and may only transfer credits to another greyhound permitholder who acted as a host track to the permitholder for intertrack wagering. The track receiving the credits must reimburse the track that transferred the credits the exact monetary value of the transferred credits.²⁶

¹⁴ Section 550.09514(2)(e), F.S.

¹⁵ Section 550.09514(2)(d), F.S.

¹⁶ Section 550.09514(2)(f), F.S.

¹⁷ Section 550.09514(2)(g), F.S.

¹⁸ Section 849.086(13)(d)1., F.S.

¹⁹ In fiscal year 2009-2010, greyhound tracks generated over \$290 million in total handle. The division collected over \$5 million in taxes and fees, over \$2.5 million of which was generated from live greyhound racing. Division of Pari-mutuel Wagering, *79th Annual Report*, Fiscal Year 2009-2010.

²⁰ Section 550.0951(3)(b)1., F.S.

²¹ Section 550.09514(2)(c), F.S.

²² Section 550.0951(3)(c)2., F.S.

²³ *See*, s. 550.09514(1), F.S.

²⁴ *Id.* The three tracks that receive a \$500,000 credit are Jefferson County Kennel Club, Pensacola Greyhound Track, and Washington County Kennel Club (Ebro Greyhound Park).

²⁵ Section 550.0951(1)(b), F.S.

²⁶ *Id.*

Occupational License Taxes

Each person connected with a racetrack or jai alai fronton must purchase an occupational license from the division.²⁷ The amount paid is in lieu of all license, excise, or occupational taxes to the state or any county or municipality, except that a municipality may levy a tax on persons conducting live racing or games within its corporate limits, not to exceed \$150 per day for horseracing or \$50 per day for greyhound racing or jai alai.²⁸

Cardrooms

Pari-mutuel facilities within the state are allowed to operate poker cardrooms under s. 849.086, F.S. A cardroom may be operated only at the location specified on the cardroom license issued by the division and such location may be only where the permitholder is authorized to conduct pari-mutuel wagering activities subject to its pari-mutuel permit. Section 849.086(2)(c), F.S., defines “cardroom” to mean a facility where authorized card games are played for money or anything of value and to which the public is invited to participate in such games and charges a fee for participation by the operator of such facility. Authorized games and cardrooms do not constitute casino gaming operations. Instead, such games are played in a non-banking matter, i.e., where the facility has no stake in the outcome. Such activity is regulated by the department and must be approved by ordinance of the county commission where the pari-mutuel facility is located.

Section 849.086(2)(a), F.S., defines an “authorized game” at a cardroom as a game or series of games of poker or dominoes which are played in a non-banking manner.²⁹ Wagering may only be conducted using chips or tokens; the player’s cash must be converted by the cardroom before the player may participate in a game of poker.³⁰ The cardroom operator may limit the amount wagered in any game.³¹

A cardroom may operate at the pari-mutuel facility for 18 hours per day on Monday through Friday and 24 hours on Saturday and Sunday and specified holidays.³² Cardrooms may not be operated beyond the hour limitations regardless of the number of permits located at a single facility.³³

In order to renew a cardroom operator license, the applicant must have requested, as part of its pari-mutuel annual license application, to conduct at least 90 percent of the total number of live performances conducted by such permitholder during either the state fiscal year in which its initial cardroom license was issued or the state fiscal year immediately prior to the initial application if the permitholder conducted a full schedule of live racing in the prior year. If the application is for a harness permitholder cardroom, the applicant must have requested authorization to conduct a minimum of 140 live performances during the state fiscal year

²⁷ Section 550.105(1),(2), F.S.

²⁸ Section 550.105(9), F.S.

²⁹ A “banking game” is defined in s. 849.086(2)(b), F.S., as “a game in which the house is a participant in the game, taking on players, paying winners, and collecting from losers or in which the cardroom establishes a bank against which participants play.”

³⁰ Section 849.086(8)(a), F.S.

³¹ Section 849.086(8)(b), F.S.

³² Section 849.086(7)(b), F.S.

³³ Section 849.086(7)(a), F.S.

immediately prior to the application. If more than one permitholder is operating at a facility, each permitholder must have applied for a license to conduct a full schedule of live racing.³⁴

Slot Machines

During the 2004 General Election, the electors approved Amendment 4 to the Florida Constitution, codified as s. 23, Art. X, Florida Constitution, which authorized slot machines at existing pari-mutuel facilities in Miami-Dade and Broward Counties upon an affirmative vote of the electors in those counties. Both Miami-Dade and Broward Counties held referenda elections on March 8, 2005. The electors approved slot machines at the pari-mutuel facilities in Broward County, but the measure was defeated in Miami-Dade County. On January 29, 2008, another referendum was held under the provisions of Amendment 4, in which the slot machines in Miami-Dade County were approved. Under the provisions of the amendment, seven pari-mutuel facilities are eligible to conduct slot machine gaming. Of the seven, six are operating slot machines.³⁵

In addition to the seven locations authorized for slot machines under the Florida Constitution, on July 1, 2010, a statutory amendment expanded the locations that were authorized slot machine gaming to include pari-mutuel facilities located in a charter county or a county that has a referendum approving slots where the referendum was held pursuant to a statutory or constitutional authorization after the effective date of the amendment. The facility must have conducted live racing for two calendar years preceding its application and must comply with other requirements for slot machine licensure.³⁶ Currently, only existing pari-mutuel facilities in Miami-Dade County qualify for slot machine authorization. Under the statutory provision, one additional facility became eligible for slot machine gaming, Hialeah Park (a quarter horse facility).³⁷ Hialeah Park has been granted a license to conduct slot machine gaming but is not currently operating slot machine gaming.

In order to conduct slot machine gaming, the slot machine applicant must conduct a full schedule of live racing the prior year.³⁸ Slot machine licensees are required to pay an annual licensure fee of \$2 million.³⁹

In addition to the license fees, the tax rate on slot machine revenues at each facility is 35 percent.⁴⁰ If, during any state fiscal year, the aggregate amount of tax paid to the state by all slot machine licensees in Broward and Miami-Dade counties is less than the aggregate amount of tax paid to the state by all slot machine licensees in the 2008-2009 fiscal year, each slot machine

³⁴ Section 849.086(5)(b), F.S.

³⁵ The Isle at Pompano Park, Mardi Gras Gaming, Gulfstream Park, Calder/Tropical Park, Flagler Dog Track and Magic City, and Miami/Summer Jai Alai are currently operating slot machines.

³⁶ See, ch. 2010-29, L.O.F. and s 551.102(4), F.S.

³⁷ Currently the provision is being challenged as violating s. 23, Art. X, Florida Constitution. The trial court upheld the constitutionality in Leon County. That decision was upheld by the First District Court of Appeal. See consolidated cases, *Calder Race Course, Inc. v. Department of Business and Professional Regulation and South Florida Racing Association*, 1D11-130 (Fla. 1st DCA) and *Florida Gaming Centers, Inc. v. Department of Business and Professional Regulation and South Florida Racing Association*, 1D10-6780 (Fla. 1st DCA). The case has been appealed to the Florida Supreme Court. See *Florida Gaming Centers, Inc. v. Florida Department of Business and Professional Regulation, et al*, SC11-2182 (Fla.)

³⁸ Chapter 551.104(4)(c), F.S.

³⁹ Chapter 551.106(1), F.S. Prior to the effective date of 2010-29, L.O.F., the license fee was \$3 million.

⁴⁰ Chapter 551.106(1), F.S. Prior to the effective date of 2010-29, L.O.F., the tax rate was 50 percent.

licensee shall pay to the state within 45 days after the end of the state fiscal year a surcharge equal to its pro rata share of an amount equal to the difference between the aggregate amount of tax paid to the state by all slot machine licensees in the 2008-2009 fiscal year and the amount of tax paid during the fiscal year.⁴¹

III. Effect of Proposed Changes:

The CS amends the “full schedule of live racing or games” provision pertaining to greyhound racing and deletes the live racing requirement for greyhound permitholders beginning with the 2012-2013 fiscal year. The CS extends to August 31, 2012 the deadline for greyhound permitholders to apply for live performances, to give them time to amend their applications to reduce or remove their live racing performances. The CS removes all references that require a live schedule of racing for greyhound permitholders.

The CS provides that greyhound permitholders who continue to conduct a full schedule of live racing will continue to receive the \$360,000 or \$500,000 tax credit. The CS provides that the \$360,000 and \$500,000 tax credits that would have otherwise been available to greyhound permitholders that elect not to conduct a full schedule of live racing forfeit the tax exemption and the unused exemption must be pooled. Each greyhound permitholder conducting at least 100 live performances of at least eight races during the fiscal year will be entitled to a pro rata share of tax credits available in the pool, based on the permitholder’s share of live and intertrack wagering handle.

The CS provides that greyhound permitholders may elect to transfer unused exemptions at anytime; however, the division must disapprove the transfer when the transferring permitholder did not conduct at least 100 live performances of at least eight races during the fiscal year.

The CS deletes the provision that requires greyhound permitholders in a county where there are only two greyhound permitholders to pay an aggregate daily license fee tax equal to 75 percent of the daily license fees paid by such permitholders for the 1994-1995 fiscal year. Instead, all greyhound permitholders who conduct live racing must pay a daily license fee tax equal to 75 percent of the daily license fees paid by each permitholder for the 1994-1995 fiscal year.

The CS provides that guest greyhound permitholders on simulcast and intertrack broadcasts, who do not conduct live racing during a fiscal year, must pay 3 percent of the greyhound intertrack handle to the host greyhound permitholder for payment of purses at the host track.

The CS amends the lease provisions in s. 550.475, F.S., to provide that a lessee is entitled to a license to operate its race meeting or jai alai games at the leased facility, not a permit.

⁴¹ Chapter 551.106(2), F.S. The 2008-2009 tax paid on slot machine revenue was \$103,895,349. It does not appear that this provision will be triggered because of the additional facilities beginning slot operations. Calder began slot operations in January 2010 and Flagler began operations in October 2009. During fiscal year 2009-2010, the tax paid on slot machine revenues was \$138,125,105. In 2010-2011, after the tax rate was reduced, the tax paid on slot machine revenues exceeded \$125 million. Miami Jai Alai began slot operations in January 2012. Dania Jai Alai and Hialeah Park have not begun slot operations.

The CS provides that greyhound permitholders may conduct intertrack wagering even if they do not conduct live racing in the prior year provided that the greyhound permitholder held an annual license to conduct pari-mutuel wagering activities in each of the preceding 10 years or was converted pursuant to s. 550.054(14), F.S.

The CS provides that greyhound permitholders who are also slot machine licensees,⁴² which accept intertrack wagering on live greyhound signals, are not required to obtain written consent from any operating greyhound permitholder within its market area.

The CS deletes the provision that prohibited intertrack wagering without consent to be conducted in any county where there are only two permits, one for greyhound racing and one for jai alai, except during live racing.

The CS provides that greyhound permitholders that lease the facility of another greyhound permitholder for conducting all or any portion of its race meet may conduct intertrack wagering at its permitted facility throughout the year, including while its race meet is being conducted at the leased facility.

The CS provides that greyhound facilities may conduct slot machine gaming, if authorized, regardless of whether the facility has conducted live racing.

The CS amends the definition of eligible facility for slot machine licensees. Under the CS, any facility in any other county [counties other than those specifically referenced in the definition for eligible facility] may become eligible for slot machine gaming if the county takes action to place the question on a countywide referendum on or before January 31, 2012.

The CS defines “county takes action” to mean that the county: (a) adopts an ordinance or resolution setting a countywide referendum; (b) approves a countywide referendum and directs county staff to prepare a resolution or ordinance to implement the approval; or (c) places a resolution or ordinance on the agenda for the county’s next scheduled meeting of its governing body.

The CS does not appear to require any countywide referendum vote or approval of slot machine gaming. The CS provides that although a license may be issued to an eligible facility outside of Miami-Dade or Broward Counties, no license may authorize slot machine gaming before July 7, 2015.⁴³

⁴² Flagler Dog Track and Magic City Casino and Mardi Gras Racetrack and Gaming Center are both greyhound permitholders and slot machine licensees.

⁴³ *Gaming Compact Between the Seminole Tribe of Florida and the State of Florida*, approved by the U.S. Department of the Interior effective July 6, 2010, 75 Fed. Reg. 38833. (hereinafter *Gaming Compact*). July 7, 2015 is the date of the 5-year look back provision in the Gaming Compact. The Gaming Compact provides that if banked card games are not reauthorized by both the State and Tribe, the authorization to conduct banked card games terminates. The Gaming Compact would continue for an additional 15 years; however, if banked cards are not reauthorized, the Tribe must cease offering banked cards at the tribal facilities and payments from the Tribe exclude revenues generated at the Tribe’s Broward facilities. See Part XVI.B. of the *Gaming Compact*. If slot machine gaming is authorized in non-Broward and non-Miami-Dade Counties, Tribal payments would cease completely once the slot machine gaming begins. See Part XII.A. of the *Gaming Compact*.

The CS amends the requirements for a cardroom, and provides that a greyhound permitholder may operate a cardroom even if it did not run live racing, so long as the permitholder has conducted 10 years of live racing immediately preceding its application for a cardroom license or if the permitholder has converted its permit pursuant to s. 550.054(14), F.S. Greyhound permitholders may renew their cardroom license without running live races. However, if no live racing occurs, no part of the cardroom receipts are required to be used to supplement purses.

The CS takes effect July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

The CS may raise potential special law concerns.

A special law, or “local law,” as it is sometimes referred to, does not apply with geographic uniformity across the state. It operates only upon designated persons or discrete regions, and bears no reasonable relationship to differences in population or other legitimate criteria. *State ex rel Landis v. Harris*. Within the contemplation of the Constitution, a special law is one relating to, or designed to operate upon, particular persons or things, *Citizens' Bank & Trust Co. v. Mabry*, 102 Fla. 1084, 136 So. 714, (Fla. 1931), or one that purports to operate upon classified persons or things when classification is not permissible or the classification adopted is illegal, *Knight v. Board of Public Instruction*, 102 Fla. 922, 136 So. 613 (Fla. 1931). A local law is one relating to, or designed to operate only in, a specifically indicated part of the state, *State ex rel. Landis v. Crandon*, 105 Fla. 309, 141 So. 177, (Fla. 1932), or one that purports to operate within classified territory when classification is not permissible or the classification adopted is illegal, *Anderson v. Board of Public Instruction*, 102 Fla. 695, 136 So. 334 (Fla. 1931).

Under Art. III, s. 10 of the Constitution, those types of special laws permitted by the constitution require published notice or a referendum. In this CS, the facilities that could qualify as “eligible facilities” for slot machine gaming is a small group of facilities that has met the proposed criteria prior to January 31, 2012. The courts have found that a statute that applies to a limited class may qualify as a general law if it could apply to other entities or areas in the future. *Department of Business and Professional Regulation*

v. Gulfstream Park Racing Assn., et al., 912 So.2d 616 (Fla. 1st DCA 2005). Instead of being applicable to other entities or areas in the future, the facilities that could qualify for slot machine gaming is a closed class of facilities. Under the CS, slot machine gaming could be authorized at pari-mutuel facilities “in which a county takes action to place the question on a countywide referendum on or before January 31, 2012.” “County takes action” includes setting a countywide referendum, approving a countywide referendum, or placing a resolution or ordinance on the agenda for the county’s next scheduled meeting of its governing body. There does not appear to be a referendum requirement in the CS when a county is allowed to place the resolution or ordinance on the governing body’s agenda to qualify as an eligible facility for slot machine gaming.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The Revenue Estimating Conference has determined the impact of the reduction in live racing coupled with the tax credit pooling to be a \$1 million reduction beginning in FY 2012-2013, and a \$.9 million reduction recurring beginning in FY 2013-14.

The CS also may allow pari-mutuels located outside of Miami-Dade and Broward Counties to conduct slot machine gaming. This expansion of slot machine gaming would have an impact on payments from the Seminole Tribe. The impact of this provision has not been analyzed by the Revenue Estimating Conference.

C. Government Sector Impact:

The department’s analysis indicates that it may need fewer personnel to inspect the greyhound tracks if live racing is reduced.

VI. Technical Deficiencies:

None.

VII. Related Issues:

This CS deletes the live racing requirements for greyhound permitholders but the full schedule of live racing or performance requirements for horse racing and jai alai still exist.

Revenue sharing with the Seminole Indian Compact relies on continued exclusivity of casino style and Class III gaming. Games legal as of February 1, 2010 have no impact on payments from the Tribe. Pari-mutuel wagering activities have no impact on payments from the Tribe.⁴⁴ The flexibility in the minimum number of live racing for greyhound permitholders should have

⁴⁴ *Id.* See Parts XII.A. and XII.B.6., *Gaming Compact*.

no impact on revenue sharing with the Tribe as it does not authorize any new facilities or new gaming in the state.

However, the CS does amend the definition of “eligible facility” for slot machine gaming at licensed pari-mutuels to include facilities outside of Miami-Dade and Broward Counties. Although the CS prohibits slot machine gaming at facilities outside those two counties until July 7, 2015, once the slot machine gaming begins, all payments from the Tribe would cease in their entirety.⁴⁵

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Regulated Industries on January 26, 2012:

The CS amended the title from greyhound permitholders to pari-mutuel wagering.

The CS removed the additional tax credit created in the bill that was available for greyhound permitholders who continued to conduct live racing for at least five years after the effective date of this act, allowing the permitholders to continue to receive tax credits for up to 10 years after they cease live racing.

The CS removed the provision that would have allowed municipalities to impose the same tax on simulcasts, intertrack wagering, and cardroom games as they may currently impose on greyhound racing.

The CS also included an amendment to the definition of eligible facility for slot machine licensees. Under the CS, any facility in any other county [counties other than those specifically referenced in the definition for eligible facility] may become eligible for slot machine gaming if the county takes action to place the question on a countywide referendum on or before January 31, 2012.

The CS defines “county takes action” to mean that the county: (a) adopts an ordinance or resolution setting a countywide referendum; (b) approves a countywide referendum and directs county staff to prepare a resolution or ordinance to implement the approval; or (c) places a resolution or ordinance on the agenda for the county’s next scheduled meeting of its governing body.

The CS does not appear to require any countywide referendum vote or approval of slot machine gaming. The CS provides that although a license may be issued to an eligible facility outside of Miami-Dade or Broward Counties, no license may authorize slot machine gaming before July 7, 2015.

B. Amendments:

None.

⁴⁵ *Id.*

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/30/2012	.	
	.	
	.	
	.	

The Committee on Regulated Industries (Sachs) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (11) of section 550.002, Florida
Statutes, is amended to read:

550.002 Definitions.—As used in this chapter, the term:

(11) "Full schedule of live racing or games" means, for a
greyhound or jai alai permitholder, the conduct of a combination
of at least 100 live evening or matinee performances during the
preceding year; for a permitholder who has a converted permit or
filed an application on or before June 1, 1990, for a converted



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13 permit, the conduct of a combination of at least 100 live
14 evening and matinee wagering performances during either of the 2
15 preceding years; for a jai alai permitholder who does not
16 operate slot machines in its pari-mutuel facility, who has
17 conducted at least 100 live performances per year for at least
18 10 years after December 31, 1992, and whose handle on live jai
19 alai games conducted at its pari-mutuel facility has been less
20 than \$4 million per state fiscal year for at least 2 consecutive
21 years after June 30, 1992, the conduct of a combination of at
22 least 40 live evening or matinee performances during the
23 preceding year; for a jai alai permitholder who operates slot
24 machines in its pari-mutuel facility, the conduct of a
25 combination of at least 150 performances during the preceding
26 year; for a harness permitholder, the conduct of at least 100
27 live regular wagering performances during the preceding year;
28 for a quarter horse permitholder at its facility unless an
29 alternative schedule of at least 20 live regular wagering
30 performances is agreed upon by the permitholder and either the
31 Florida Quarter Horse Racing Association or the horsemen's
32 association representing the majority of the quarter horse
33 owners and trainers at the facility and filed with the division
34 along with its annual date application, in the 2010-2011 fiscal
35 year, the conduct of at least 20 regular wagering performances,
36 in the 2011-2012 and 2012-2013 fiscal years, the conduct of at
37 least 30 live regular wagering performances, and for every
38 fiscal year after the 2012-2013 fiscal year, the conduct of at
39 least 40 live regular wagering performances; for a quarter horse
40 permitholder leasing another licensed racetrack, the conduct of
41 160 events at the leased facility; and for a thoroughbred



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42 permitholder, the conduct of at least 40 live regular wagering
43 performances during the preceding year. For a permitholder which
44 is restricted by statute to certain operating periods within the
45 year when other members of its same class of permit are
46 authorized to operate throughout the year, the specified number
47 of live performances which constitute a full schedule of live
48 racing or games shall be adjusted pro rata in accordance with
49 the relationship between its authorized operating period and the
50 full calendar year and the resulting specified number of live
51 performances shall constitute the full schedule of live games
52 for such permitholder and all other permitholders of the same
53 class within 100 air miles of such permitholder. A live
54 performance must consist of no fewer than eight races or games
55 conducted live for each of a minimum of three performances each
56 week at the permitholder's licensed facility under a single
57 admission charge. Notwithstanding any other provision of law,
58 beginning with the 2012-2013 fiscal year, there shall be no
59 minimum requirement of live performances for greyhound
60 permitholders.

61 Section 2. Subsection (1) of section 550.01215, Florida
62 Statutes, is amended to read:

63 550.01215 License application; periods of operation; bond,
64 conversion of permit.-

65 (1) Each permitholder shall annually, during the period
66 between December 15 and January 4, file in writing with the
67 division its application for a license to conduct pari-mutuel
68 wagering activities ~~performances~~ during the next state fiscal
69 year. Each application requesting live performances, if any,
70 shall specify the number, dates, and starting times of all



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71 performances which the permitholder intends to conduct. It shall
72 also specify which performances will be conducted as charity or
73 scholarship performances. In addition, each application for a
74 license shall include, for each permitholder which elects to
75 operate a cardroom, the dates and periods of operation the
76 permitholder intends to operate the cardroom or, for each
77 thoroughbred permitholder which elects to receive or rebroadcast
78 out-of-state races after 7 p.m., the dates for all performances
79 which the permitholder intends to conduct. A greyhound
80 permitholder may receive a license to conduct pari-mutuel
81 wagering activities at a licensed greyhound facility pursuant to
82 s. 550.475. Permitholders may ~~shall be entitled to~~ amend their
83 applications through February 28 or, for applications by
84 greyhound permitholders relating to the 2012-2013 fiscal year,
85 through August 31, 2012.

86 Section 3. Paragraph (b) of subsection (14) of section
87 550.054, Florida Statutes, is amended to read:

88 550.054 Application for permit to conduct pari-mutuel
89 wagering.—

90 (14)

91 (b) The division, upon application from the holder of a jai
92 alai permit meeting all conditions of this section, shall
93 convert the permit and shall issue to the permitholder a permit
94 to conduct greyhound racing. ~~A permitholder of a permit~~
95 ~~converted under this section shall be required to apply for and~~
96 ~~conduct a full schedule of live racing each fiscal year to be~~
97 ~~eligible for any tax credit provided by this chapter.~~ The holder
98 of a permit converted pursuant to this subsection or any holder
99 of a permit to conduct greyhound racing located in a county in



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100 which it is the only permit issued pursuant to this section who
101 operates at a leased facility pursuant to s. 550.475 may move
102 the location for which the permit has been issued to another
103 location within a 30-mile radius of the location fixed in the
104 permit issued in that county, provided the move does not cross
105 the county boundary and such location is approved under the
106 zoning regulations of the county or municipality in which the
107 permit is located, and upon such relocation may use the permit
108 for the conduct of pari-mutuel wagering and the operation of a
109 cardroom. The provisions of s. 550.6305(9)(d) and (f) shall
110 apply to any permit converted under this subsection and shall
111 continue to apply to any permit which was previously included
112 under and subject to such provisions before a conversion
113 pursuant to this section occurred.

114 Section 4. Subsection (1) and paragraph (c) of subsection
115 (3) of section 550.0951, Florida Statutes, are amended to read:
116 550.0951 Payment of daily license fee and taxes;
117 penalties.—

118 (1) ~~(a)~~ DAILY LICENSE FEE.—Each person engaged in the
119 business of conducting race meetings or jai alai games under
120 this chapter, hereinafter referred to as the "permitholder,"
121 "licensee," or "permittee," shall pay to the division, for the
122 use of the division, a daily license fee on each live or
123 simulcast pari-mutuel event of \$100 for each horserace and \$80
124 for each dograce and \$40 for each jai alai game conducted at a
125 racetrack or fronton licensed under this chapter. In addition to
126 the tax exemption specified in s. 550.09514(1) of \$360,000 or
127 \$500,000 per greyhound permitholder per state fiscal year, each
128 greyhound permitholder shall receive in the current state fiscal



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129 year a tax credit equal to the number of live greyhound races
130 conducted in the previous state fiscal year times the daily
131 license fee specified for each dograce in this subsection
132 applicable for the previous state fiscal year. This tax credit
133 and the exemption in s. 550.09514(1) shall be applicable to any
134 tax imposed by this chapter or the daily license fees imposed by
135 this chapter except during any charity or scholarship
136 performances conducted pursuant to s. 550.0351. Each
137 permitholder shall pay daily license fees not to exceed \$500 per
138 day on any simulcast races or games on which such permitholder
139 accepts wagers regardless of the number of out-of-state events
140 taken or the number of out-of-state locations from which such
141 events are taken. This license fee shall be deposited with the
142 Chief Financial Officer to the credit of the Pari-mutuel
143 Wagering Trust Fund.

144 ~~(b) Each permitholder that cannot utilize the full amount~~
145 ~~of the exemption of \$360,000 or \$500,000 provided in s.~~
146 ~~550.09514(1) or the daily license fee credit provided in this~~
147 ~~section may, after notifying the division in writing, elect once~~
148 ~~per state fiscal year on a form provided by the division, to~~
149 ~~transfer such exemption or credit or any portion thereof to any~~
150 ~~greyhound permitholder which acts as a host track to such~~
151 ~~permitholder for the purpose of intertrack wagering. Once an~~
152 ~~election to transfer such exemption or credit is filed with the~~
153 ~~division, it shall not be rescinded. The division shall~~
154 ~~disapprove the transfer when the amount of the exemption or~~
155 ~~credit or portion thereof is unavailable to the transferring~~
156 ~~permitholder or when the permitholder who is entitled to~~
157 ~~transfer the exemption or credit or who is entitled to receive~~



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158 ~~the exemption or credit owes taxes to the state pursuant to a~~
159 ~~deficiency letter or administrative complaint issued by the~~
160 ~~division. Upon approval of the transfer by the division, the~~
161 ~~transferred tax exemption or credit shall be effective for the~~
162 ~~first performance of the next payment period as specified in~~
163 ~~subsection (5). The exemption or credit transferred to such host~~
164 ~~track may be applied by such host track against any taxes~~
165 ~~imposed by this chapter or daily license fees imposed by this~~
166 ~~chapter. The greyhound permitholder host track to which such~~
167 ~~exemption or credit is transferred shall reimburse such~~
168 ~~permitholder the exact monetary value of such transferred~~
169 ~~exemption or credit as actually applied against the taxes and~~
170 ~~daily license fees of the host track. The division shall ensure~~
171 ~~that all transfers of exemption or credit are made in accordance~~
172 ~~with this subsection and shall have the authority to adopt rules~~
173 ~~to ensure the implementation of this section.~~

174 (3) TAX ON HANDLE.—Each permitholder shall pay a tax on
175 contributions to pari-mutuel pools, the aggregate of which is
176 hereinafter referred to as "handle," on races or games conducted
177 by the permitholder. The tax is imposed daily and is based on
178 the total contributions to all pari-mutuel pools conducted
179 during the daily performance. If a permitholder conducts more
180 than one performance daily, the tax is imposed on each
181 performance separately.

182 (c)1. The tax on handle for intertrack wagering is 2.0
183 percent of the handle if the host track is a horse track, 3.3
184 percent if the host track is a harness track, 5.5 percent if the
185 host track is a dog track, and 7.1 percent if the host track is
186 a jai alai fronton. The tax on handle for intertrack wagering is



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187 0.5 percent if the host track and the guest track are
188 thoroughbred permitholders or if the guest track is located
189 outside the market area of the host track and within the market
190 area of a thoroughbred permitholder currently conducting a live
191 race meet. The tax on handle for intertrack wagering on
192 rebroadcasts of simulcast thoroughbred horseraces is 2.4 percent
193 of the handle and 1.5 percent of the handle for intertrack
194 wagering on rebroadcasts of simulcast harness horseraces. The
195 tax shall be deposited into the Pari-mutuel Wagering Trust Fund.

196 2. The tax on handle for intertrack wagers accepted by any
197 dog track located in an area of the state in which there are
198 only three permitholders, all of which are greyhound
199 permitholders, located in three contiguous counties, from any
200 greyhound permitholder also located within such area or any dog
201 track or jai alai fronton located as specified in s. 550.615(6)
202 or (8)~~(9)~~, on races or games received from the same class of
203 permitholder located within the same market area is 3.9 percent
204 if the host facility is a greyhound permitholder and, if the
205 host facility is a jai alai permitholder, the rate shall be 6.1
206 percent except that it shall be 2.3 percent on handle at such
207 time as the total tax on intertrack handle paid to the division
208 by the permitholder during the current state fiscal year exceeds
209 the total tax on intertrack handle paid to the division by the
210 permitholder during the 1992-1993 state fiscal year.

211 Section 5. Subsection (1) and paragraphs (b), (c), and (e)
212 of subsection (2) of section 550.09514, Florida Statutes, are
213 amended to read:

214 550.09514 Greyhound dogracing taxes; purse requirements.—

215 (1) (a) Wagering on greyhound racing is subject to a tax on



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216 handle for live greyhound racing as specified in s. 550.0951(3).
217 However, each permitholder shall pay no tax on handle until such
218 time as this subsection has resulted in a tax savings per state
219 fiscal year of \$360,000. Thereafter, each permitholder shall pay
220 the tax as specified in s. 550.0951(3) on all handle for the
221 remainder of the permitholder's current race meet. For the three
222 permitholders that conducted a full schedule of live racing in
223 1995, and are closest to another state that authorizes greyhound
224 pari-mutuel wagering, the maximum tax savings per state fiscal
225 year shall be \$500,000. The provisions of this subsection
226 relating to tax exemptions shall not apply to any charity or
227 scholarship performances conducted pursuant to s. 550.0351.

228 (b) Each permitholder licensed to conduct at least 100 live
229 performances of at least eight races during a fiscal year who
230 cannot use the full amount of the exemption of \$360,000 or
231 \$500,000 provided in paragraph (a) or the daily license fee
232 credit provided in s. 550.0951(1) may, at any time after
233 notifying the division in writing on a form provided by the
234 division, transfer such exemption or credit or any portion
235 thereof to any greyhound permitholder that acts as a host track
236 to such permitholder for the purpose of intertrack wagering.
237 Once an election to transfer such exemption or credit is filed
238 with the division, it may not be rescinded. The division shall
239 disapprove the transfer when the amount of the exemption or
240 credit or portion thereof is unavailable to the transferring
241 permitholder for any reason, including being unavailable because
242 the transferring permitholder is not licensed to conduct at
243 least 100 live performances of at least eight races during the
244 fiscal year, or when the permitholder who is entitled to



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245 transfer the exemption or credit or who is entitled to receive
246 the exemption or credit owes taxes to the state pursuant to a
247 deficiency letter or administrative complaint issued by the
248 division. The greyhound permitholder host track to which such
249 exemption or credit is transferred shall reimburse such
250 permitholder the exact monetary value of such transferred
251 exemption or credit as actually applied against the taxes and
252 daily license fees of the host track.

253 (c) Each permitholder who is not licensed to conduct at
254 least 100 live performances of at least eight races during a
255 fiscal year forfeits the exemption of \$360,000 or \$500,000
256 provided in paragraph (a). Annually, the division shall pool
257 such forfeited exemptions from greyhound permitholders and each
258 greyhound permitholder who is licensed to conduct at least 100
259 live performances of at least eight races during the fiscal year
260 is entitled to an additional tax credit in an amount equal to
261 the product of the respective permitholder's percentage share of
262 live and intertrack wagering handle under s. 550.0951(3) during
263 the previous fiscal year and the total value of tax credits
264 available in the pool.

265 (d) Upon approval of a transfer under paragraph (b) or
266 additional credit under paragraph (c) by the division, the tax
267 exemption or credit shall be effective for the first performance
268 of the next payment period as specified in s. 550.0951(5).

269 (e) Exemptions or credits issued or transferred pursuant to
270 this subsection may be applied against any taxes imposed by this
271 chapter or daily license fees imposed by this chapter, except
272 during any charity or scholarship performances conducted
273 pursuant to s. 550.0351. No credit or exemption authorized under



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274 this section or s. 550.0951 shall carry forward to subsequent
275 fiscal years. The division shall ensure that all transfers of
276 exemptions or credits are made in accordance with this
277 subsection and may adopt rules to ensure the implementation of
278 this section.

279 (2)

280 (b) Except as otherwise set forth herein, in addition to
281 the minimum purse percentage required by paragraph (a), each
282 permitholder conducting live racing during a fiscal year shall
283 pay as purses an annual amount equal to 75 percent of the daily
284 license fees paid by each permitholder for the 1994-1995 fiscal
285 year. This purse supplement shall be disbursed weekly during the
286 permitholder's race meet in an amount determined by dividing the
287 annual purse supplement by the number of performances approved
288 for the permitholder pursuant to its annual license and
289 multiplying that amount by the number of performances conducted
290 each week. ~~For the greyhound permitholders in the county where~~
291 ~~there are two greyhound permitholders located as specified in s.~~
292 ~~550.615(6), such permitholders shall pay in the aggregate an~~
293 ~~amount equal to 75 percent of the daily license fees paid by~~
294 ~~such permitholders for the 1994-1995 fiscal year. These~~
295 ~~permitholders shall be jointly and severally liable for such~~
296 ~~purse payments.~~ The additional purses provided by this paragraph
297 must be used exclusively for purses other than stakes. The
298 division shall conduct audits necessary to ensure compliance
299 with this section.

300 (c)1. Each greyhound permitholder when conducting at least
301 three live performances during any week shall pay purses in that
302 week on wagers it accepts as a guest track on intertrack and



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303 simulcast greyhound races at the same rate as it pays on live
304 races. Each greyhound permitholder when conducting at least
305 three live performances during any week shall pay purses in that
306 week, at the same rate as it pays on live races, on wagers
307 accepted on greyhound races at a guest track which is not
308 conducting live racing and is located within the same market
309 area as the greyhound permitholder conducting at least three
310 live performances during any week.

311 2. Each host greyhound permitholder shall pay purses on its
312 simulcast and intertrack broadcasts of greyhound races to guest
313 facilities that are located outside its market area in an amount
314 equal to one quarter of an amount determined by subtracting the
315 transmission costs of sending the simulcast or intertrack
316 broadcasts from an amount determined by adding the fees received
317 for greyhound simulcast races plus 3 percent of the greyhound
318 intertrack handle at guest facilities that are located outside
319 the market area of the host and that paid contractual fees to
320 the host for such broadcasts of greyhound races. For guest
321 greyhound permitholders not conducting live racing during a
322 fiscal year and not subject to the purse requirements of
323 subparagraph 1., 3 percent of the greyhound intertrack handle
324 shall be paid to the host greyhound permitholder for payment of
325 purses at the host track.

326 (e) In addition to the purse requirements of paragraphs
327 (a)-(c), each greyhound permitholder shall pay as purses an
328 amount equal to one-third of the amount of the tax reduction on
329 live and simulcast handle applicable to such permitholder as a
330 result of the reductions in tax rates provided ~~by this act~~
331 through the amendments to s. 550.0951(3) by chapter 2000-354,



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332 Laws of Florida. With respect to intertrack wagering when the
333 host and guest tracks are greyhound permitholders not within the
334 same market area, an amount equal to the tax reduction
335 applicable to the guest track handle as a result of the
336 reduction in tax rates ~~rate~~ provided ~~by this act~~ through the
337 amendments ~~amendment~~ to s. 550.0951(3) by chapter 2000-354, Laws
338 of Florida, shall be distributed to the guest track, one-third
339 of which amount shall be paid as purses at those guest tracks
340 conducting live racing ~~the guest track~~. However, if the guest
341 track is a greyhound permitholder within the market area of the
342 host or if the guest track is not a greyhound permitholder, an
343 amount equal to such tax reduction applicable to the guest track
344 handle shall be retained by the host track, one-third of which
345 amount shall be paid as purses at the host track. These purse
346 funds shall be disbursed in the week received if the
347 permitholder conducts at least one live performance during that
348 week. If the permitholder does not conduct at least one live
349 performance during the week in which the purse funds are
350 received, the purse funds shall be disbursed weekly during the
351 permitholder's next race meet in an amount determined by
352 dividing the purse amount by the number of performances approved
353 for the permitholder pursuant to its annual license, and
354 multiplying that amount by the number of performances conducted
355 each week. The division shall conduct audits necessary to ensure
356 compliance with this paragraph.

357 Section 6. Subsection (1) of section 550.26165, Florida
358 Statutes, is amended to read:

359 550.26165 Breeders' awards.—

360 (1) The purpose of this section is to encourage the



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361 agricultural activity of breeding and training racehorses in
362 this state. Moneys dedicated in this chapter for use as
363 breeders' awards and stallion awards are to be used for awards
364 to breeders of registered Florida-bred horses winning horseraces
365 and for similar awards to the owners of stallions who sired
366 Florida-bred horses winning stakes races, if the stallions are
367 registered as Florida stallions standing in this state. Such
368 awards shall be given at a uniform rate to all winners of the
369 awards, shall not be greater than 20 percent of the announced
370 gross purse, and shall not be less than 15 percent of the
371 announced gross purse if funds are available. In addition, no
372 less than 17 percent nor more than 40 percent, as determined by
373 the Florida Thoroughbred Breeders' Association, of the moneys
374 dedicated in this chapter for use as breeders' awards and
375 stallion awards for thoroughbreds shall be returned pro rata to
376 the permitholders that generated the moneys for special racing
377 awards to be distributed by the permitholders to owners of
378 thoroughbred horses participating in prescribed thoroughbred
379 stakes races, nonstakes races, or both, all in accordance with a
380 written agreement establishing the rate, procedure, and
381 eligibility requirements for such awards entered into by the
382 permitholder, the Florida Thoroughbred Breeders' Association,
383 and the Florida Horsemen's Benevolent and Protective
384 Association, Inc., except that the plan for the distribution by
385 any permitholder located in the area described in s.
386 550.615(8)(9) shall be agreed upon by that permitholder, the
387 Florida Thoroughbred Breeders' Association, and the association
388 representing a majority of the thoroughbred racehorse owners and
389 trainers at that location. Awards for thoroughbred races are to



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390 be paid through the Florida Thoroughbred Breeders' Association,
391 and awards for standardbred races are to be paid through the
392 Florida Standardbred Breeders and Owners Association. Among
393 other sources specified in this chapter, moneys for thoroughbred
394 breeders' awards will come from the 0.955 percent of handle for
395 thoroughbred races conducted, received, broadcast, or simulcast
396 under this chapter as provided in s. 550.2625(3). The moneys for
397 quarter horse and harness breeders' awards will come from the
398 breaks and uncashed tickets on live quarter horse and harness
399 racing performances and 1 percent of handle on intertrack
400 wagering. The funds for these breeders' awards shall be paid to
401 the respective breeders' associations by the permitholders
402 conducting the races.

403 Section 7. Section 550.475, Florida Statutes, is amended to
404 read:

405 550.475 Lease of pari-mutuel facilities by pari-mutuel
406 permitholders.—Holders of valid pari-mutuel permits for the
407 conduct of any jai alai games, dogracing, or thoroughbred and
408 standardbred horse racing in this state are entitled to lease
409 any and all of their facilities to any other holder of a same
410 class valid pari-mutuel permit for jai alai games, dogracing, or
411 thoroughbred or standardbred horse racing, when located within a
412 35-mile radius of each other; and such lessee is entitled to a
413 ~~permit and~~ license to operate its race meet or jai alai games at
414 the leased premises.

415 Section 8. Section 550.615, Florida Statutes, is amended to
416 read:

417 550.615 Intertrack wagering.—

418 (1) Any horserace permitholder licensed under this chapter



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419 which has conducted a full schedule of live racing may, at any
420 time, receive broadcasts of horseraces and accept wagers on
421 horseraces conducted by horserace permitholders licensed under
422 this chapter at its facility.

423 (2) A ~~Any~~ track or fronton licensed under this chapter that
424 conducted a full schedule of live racing or games ~~which~~ in the
425 preceding year, or any greyhound permitholder that has held an
426 annual license to conduct pari-mutuel wagering activities in
427 each of the preceding 10 years or was converted pursuant to s.
428 550.054(14), ~~conducted a full schedule of live racing~~ is
429 qualified to, at any time, receive broadcasts of any class of
430 pari-mutuel race or game and accept wagers on such races or
431 games conducted by any class of permitholders licensed under
432 this chapter.

433 (3) If a permitholder elects to broadcast its signal to any
434 permitholder in this state, any permitholder that is eligible to
435 conduct intertrack wagering under the provisions of ss. 550.615-
436 550.6345 is entitled to receive the broadcast and conduct
437 intertrack wagering under this section; provided, however, that
438 the host track may require a guest track within 25 miles of
439 another permitholder to receive in any week at least 60 percent
440 of the live races that the host track is making available on the
441 days that the guest track is otherwise operating live races or
442 games. A host track may require a guest track not operating live
443 races or games and within 25 miles of another permitholder to
444 accept within any week at least 60 percent of the live races
445 that the host track is making available. A person may not
446 restrain or attempt to restrain any permitholder that is
447 otherwise authorized to conduct intertrack wagering from



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448 receiving the signal of any other permitholder or sending its
449 signal to any permitholder.

450 (4) In no event shall any intertrack wager be accepted on
451 the same class of live races or games of any permitholder
452 without the written consent of such operating permitholders
453 conducting the same class of live races or games if the guest
454 track is within the market area of such operating permitholder.
455 A greyhound permitholder licensed under chapter 551 that accepts
456 intertrack wagers on live greyhound signals is not required to
457 obtain the written consent required by this subsection from any
458 operating greyhound permitholder within its market area.

459 (5) No permitholder within the market area of the host
460 track shall take an intertrack wager on the host track without
461 the consent of the host track.

462 (6) Notwithstanding the provisions of subsection (3), in
463 any area of the state where there are three or more horserace
464 permitholders within 25 miles of each other, intertrack wagering
465 between permitholders in said area of the state shall only be
466 authorized under the following conditions: Any permitholder,
467 other than a thoroughbred permitholder, may accept intertrack
468 wagers on races or games conducted live by a permitholder of the
469 same class or any harness permitholder located within such area
470 and any harness permitholder may accept wagers on games
471 conducted live by any jai alai permitholder located within its
472 market area and from a jai alai permitholder located within the
473 area specified in this subsection when no jai alai permitholder
474 located within its market area is conducting live jai alai
475 performances; any greyhound or jai alai permitholder may receive
476 broadcasts of and accept wagers on any permitholder of the other



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477 class provided that a permitholder, other than the host track,
478 of such other class is not operating a contemporaneous live
479 performance within the market area.

480 ~~(7) In any county of the state where there are only two~~
481 ~~permits, one for dogracing and one for jai alai, no intertrack~~
482 ~~wager may be taken during the period of time when a permitholder~~
483 ~~is not licensed to conduct live races or games without the~~
484 ~~written consent of the other permitholder that is conducting~~
485 ~~live races or games. However, if neither permitholder is~~
486 ~~conducting live races or games, either permitholder may accept~~
487 ~~intertrack wagers on horseraces or on the same class of races or~~
488 ~~games, or on both horseraces and the same class of races or~~
489 ~~games as is authorized by its permit.~~

490 ~~(7)-(8) In any three contiguous counties of the state where~~
491 ~~there are only three permitholders, all of which are greyhound~~
492 ~~permitholders, If any greyhound permitholder leases the facility~~
493 ~~of another greyhound permitholder for the purpose of conducting~~
494 ~~all or any portion of the conduct of its live race meet pursuant~~
495 ~~to s. 550.475, such lessee may conduct intertrack wagering at~~
496 ~~its pre-lease permitted facility throughout the entire year,~~
497 ~~including while its race live meet is being conducted at the~~
498 ~~leased facility, if such permitholder has conducted a full~~
499 ~~schedule of live racing during the preceding fiscal year at its~~
500 ~~pre-lease permitted facility or at a leased facility, or~~
501 ~~combination thereof.~~

502 ~~(8)-(9) In any two contiguous counties of the state in which~~
503 ~~there are located only four active permits, one for thoroughbred~~
504 ~~horse racing, two for greyhound dogracing, and one for jai alai~~
505 ~~games, no intertrack wager may be accepted on the same class of~~



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506 live races or games of any permitholder without the written
507 consent of such operating permitholders conducting the same
508 class of live races or games if the guest track is within the
509 market area of such operating permitholder.

510 ~~(9)(10)~~ All costs of receiving the transmission of the
511 broadcasts shall be borne by the guest track; and all costs of
512 sending the broadcasts shall be borne by the host track.

513 Section 9. Paragraph (g) of subsection (9) of section
514 550.6305, Florida Statutes, is amended to read:

515 550.6305 Intertrack wagering; guest track payments;
516 accounting rules.-

517 (9) A host track that has contracted with an out-of-state
518 horse track to broadcast live races conducted at such out-of-
519 state horse track pursuant to s. 550.3551(5) may broadcast such
520 out-of-state races to any guest track and accept wagers thereon
521 in the same manner as is provided in s. 550.3551.

522 (g)1. Any thoroughbred permitholder which accepts wagers on
523 a simulcast signal must make the signal available to any
524 permitholder that is eligible to conduct intertrack wagering
525 under the provisions of ss. 550.615-550.6345.

526 2. Any thoroughbred permitholder which accepts wagers on a
527 simulcast signal received after 6 p.m. must make such signal
528 available to any permitholder that is eligible to conduct
529 intertrack wagering under the provisions of ss. 550.615-
530 550.6345, including any permitholder located as specified in s.
531 550.615(6). Such guest permitholders are authorized to accept
532 wagers on such simulcast signal, notwithstanding any other
533 provision of this chapter to the contrary.

534 3. Any thoroughbred permitholder which accepts wagers on a



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535 simulcast signal received after 6 p.m. must make such signal
536 available to any permitholder that is eligible to conduct
537 intertrack wagering under the provisions of ss. 550.615-
538 550.6345, including any permitholder located as specified in s.
539 550.615(8) ~~(9)~~. Such guest permitholders are authorized to accept
540 wagers on such simulcast signals for a number of performances
541 not to exceed that which constitutes a full schedule of live
542 races for a quarter horse permitholder pursuant to s.
543 550.002(11), notwithstanding any other provision of this chapter
544 to the contrary, except that the restrictions provided in s.
545 550.615(8) ~~(9)~~(a) apply to wagers on such simulcast signals.
546

547 No thoroughbred permitholder shall be required to continue
548 to rebroadcast a simulcast signal to any in-state permitholder
549 if the average per performance gross receipts returned to the
550 host permitholder over the preceding 30-day period were less
551 than \$100. Subject to the provisions of s. 550.615(4), as a
552 condition of receiving rebroadcasts of thoroughbred simulcast
553 signals under this paragraph, a guest permitholder must accept
554 intertrack wagers on all live races conducted by all then-
555 operating thoroughbred permitholders.

556 Section 10. Paragraph (c) of subsection (4) of section
557 551.104, Florida Statutes, is amended to read:

558 551.104 License to conduct slot machine gaming.-

559 (4) As a condition of licensure and to maintain continued
560 authority for the conduct of slot machine gaming, the slot
561 machine licensee shall:

562 (c) Conduct no fewer than a full schedule of live racing or
563 games as defined in s. 550.002(11), except for holders of



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564 greyhound permits, which have no live racing requirement. A
565 permitholder's responsibility to conduct such number of live
566 races or games shall be reduced by the number of races or games
567 that could not be conducted due to the direct result of fire,
568 war, hurricane, or other disaster or event beyond the control of
569 the permitholder.

570 Section 11. Subsections (2) and (4) of section 551.114,
571 Florida Statutes, are amended to read:

572 551.114 Slot machine gaming areas.—

573 (2) The slot machine licensee shall display pari-mutuel
574 races or games within the designated slot machine gaming areas
575 and offer patrons within the designated slot machine gaming
576 areas the ability to engage in pari-mutuel wagering on any live,
577 intertrack, and simulcast races conducted or offered to patrons
578 of the licensed facility.

579 (4) Designated slot machine gaming areas may be located
580 within the current live gaming facility or in an existing
581 building that must be contiguous and connected to the live
582 gaming facility, if applicable. If a designated slot machine
583 gaming area is to be located in a building that is to be
584 constructed, that new building must be contiguous and connected
585 to the live gaming facility.

586 Section 12. Paragraphs (a) and (b) of subsection (5) and
587 paragraph (d) of subsection (13) of section 849.086, Florida
588 Statutes, are amended to read:

589 849.086 Cardrooms authorized.—

590 (5) LICENSE REQUIRED; APPLICATION; FEES.—No person may
591 operate a cardroom in this state unless such person holds a
592 valid cardroom license issued pursuant to this section.



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593 (a) Only those persons holding a valid cardroom license
594 issued by the division may operate a cardroom. A cardroom
595 license may only be issued to a licensed pari-mutuel
596 permitholder and an authorized cardroom may only be operated at
597 the same facility at which the permitholder is authorized under
598 its valid pari-mutuel wagering permit to conduct pari-mutuel
599 wagering activities. An initial cardroom license shall be issued
600 to a pari-mutuel permitholder only after its facilities are in
601 place and after it conducts its first day of live racing or
602 games or, for a greyhound permitholder, only after it has
603 conducted a full schedule of live racing in each of the
604 preceding 10 years or after it was converted pursuant to s.
605 550.054(14). A new cardroom license may not be issued in an area
606 unless the local government has approved such activity within
607 its boundaries in accordance with subsection (16).

608 (b) After the initial cardroom license is granted, the
609 application for the annual license renewal shall be made in
610 conjunction with the applicant's annual application for its
611 pari-mutuel license. If a permitholder has operated a cardroom
612 during any of the 3 previous fiscal years and fails to include a
613 renewal request for the operation of the cardroom in its annual
614 application for license renewal, the permitholder may amend its
615 annual application to include operation of the cardroom. Except
616 for greyhound permitholders, in order for a cardroom license to
617 be renewed the applicant must have requested, as part of its
618 pari-mutuel annual license application, to conduct at least 90
619 percent of the total number of live performances conducted by
620 such permitholder during either the state fiscal year in which
621 its initial cardroom license was issued or the state fiscal year



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622 immediately prior thereto if the permitholder ran at least a
623 full schedule of live racing or games in the prior year. If the
624 application is for a harness permitholder cardroom, the
625 applicant must have requested authorization to conduct a minimum
626 of 140 live performances during the state fiscal year
627 immediately prior thereto. If more than one permitholder is
628 operating at a facility, each permitholder must have applied for
629 a license to conduct a full schedule of live racing. However, a
630 minimum number of requested or conducted live performances is
631 not required in order for a greyhound permitholder to maintain
632 or renew a cardroom license.

633 (13) TAXES AND OTHER PAYMENTS.—

634 (d)1. Each greyhound and jai alai permitholder that
635 operates a cardroom facility shall use at least 4 percent of
636 such permitholder's cardroom monthly gross receipts to
637 supplement greyhound purses if live racing is conducted during a
638 fiscal year, or jai alai prize money, respectively, during the
639 permitholder's current or next ensuing pari-mutuel meet.

640 2. Each thoroughbred and harness horse racing permitholder
641 that operates a cardroom facility shall use at least 50 percent
642 of such permitholder's cardroom monthly net proceeds as follows:
643 47 percent to supplement purses and 3 percent to supplement
644 breeders' awards during the permitholder's next ensuing racing
645 meet.

646 3. No cardroom license or renewal thereof shall be issued
647 to an applicant holding a permit under chapter 550 to conduct
648 pari-mutuel wagering meets of quarter horse racing unless the
649 applicant has on file with the division a binding written
650 agreement between the applicant and the Florida Quarter Horse



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651 Racing Association or the association representing a majority of
652 the horse owners and trainers at the applicant's eligible
653 facility, governing the payment of purses on live quarter horse
654 races conducted at the licensee's pari-mutuel facility. The
655 agreement governing purses may direct the payment of such purses
656 from revenues generated by any wagering or gaming the applicant
657 is authorized to conduct under Florida law. All purses shall be
658 subject to the terms of chapter 550.

659 Section 13. This act shall take effect July 1, 2012.

660

661

662 ===== T I T L E A M E N D M E N T =====

663 And the title is amended as follows:

664 Delete everything before the enacting clause
665 and insert:

666

A bill to be entitled

667

An act relating to greyhound racing; amending s.

668

550.002, F.S., which defines the term "full schedule

669

of live racing or games"; providing that a greyhound

670

permitholder shall not be required to conduct a

671

minimum number of live performances; amending s.

672

550.01215, F.S.; revising requirements for an

673

application for a license to conduct performances;

674

extending the period of time allowed to amend certain

675

applications; amending s. 550.054, F.S.; removing a

676

requirement for holders of certain converted permits

677

to conduct a full schedule of live racing to qualify

678

for certain tax credits; amending s. 550.0951, F.S.;

679

deleting provisions relating to transfer of certain



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680 unused exemptions or credits; conforming a cross-
681 reference; amending s. 550.09514, F.S.; providing for
682 transfer of certain unused exemptions or credits;
683 revising purse requirements for greyhound racing and
684 provisions for payment of purses; amending s. 550.475,
685 F.S., relating to lease of pari-mutuel facilities by
686 pari-mutuel permitholders; revising terminology to
687 conform to changes made by the act; amending s.
688 550.615, F.S.; revising provisions for intertrack
689 wagering; amending ss. 550.26165 and 550.6305, F.S.;
690 conforming cross-references to changes made by the
691 act; amending s. 551.104, F.S.; revising a condition
692 of licensure for the conduct of slot machine gaming;
693 amending s. 551.114, F.S.; revising requirements for
694 designated slot machine gaming areas; amending s.
695 849.086, F.S.; revising requirements for initial and
696 renewal issuance of a cardroom license to a greyhound
697 permitholder; providing that a minimum number of
698 requested or conducted live performances is not
699 required in order for a greyhound permitholder to
700 maintain or renew a cardroom license; providing an
701 effective date.



584332

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
01/30/2012	.	
	.	
	.	
	.	

The Committee on Regulated Industries (Jones) recommended the following:

Senate Amendment to Amendment (581326)

Delete lines 256 - 266

and insert:

provided in paragraph (a).

(d) Upon approval of a transfer under paragraph (b) by the division, the tax



382338

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/30/2012	.	
	.	
	.	
	.	

The Committee on Regulated Industries (Sachs) recommended the following:

Senate Amendment to Amendment (581326)

In title, delete line 667
and insert:

An act relating to pari-mutuel wagering; amending s.



384052

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/30/2012	.	
	.	
	.	
	.	

The Committee on Regulated Industries (Sachs) recommended the following:

1 **Senate Amendment to Amendment (581326) (with title**
2 **amendment)**

3
4 Between lines 555 and 556
5 insert:

6 Section 10. Subsection (4) of section 551.102, Florida
7 Statutes, is amended to read:

8 551.102 Definitions.—As used in this chapter, the term:

9 (4) (a) "Eligible facility" means any licensed pari-mutuel
10 facility located in Miami-Dade County or Broward County existing
11 at the time of adoption of s. 23, Art. X of the State
12 Constitution which ~~that~~ has conducted live racing or games



384052

13 during calendar years 2002 and 2003 and has been approved by a
14 majority of voters in a countywide referendum to have slot
15 machines at such facility in the respective county; any licensed
16 pari-mutuel facility located within a county as defined in s.
17 125.011, if provided such facility has conducted live racing for
18 2 consecutive calendar years immediately preceding its
19 application for a slot machine license, pays the required
20 license fee, and meets the other requirements of this chapter;
21 or any licensed pari-mutuel facility in any other county in
22 which a majority of voters have approved slot machines at such
23 facilities in a countywide referendum held, or in which the
24 county takes action to place the question on a countywide
25 referendum on or before January 31, 2012, pursuant to a
26 statutory or constitutional authorization after the effective
27 date of this section in the respective county, provided such
28 facility has conducted a full schedule of live racing for 2
29 consecutive calendar years immediately preceding its application
30 for a slot machine license, pays the required licensed fee, and
31 meets the other requirements of this chapter.

32 (b) For purposes of paragraph (a), the county takes action
33 on or before January 31, 2012, if it:

34 1. Adopts an ordinance or resolution setting a countywide
35 referendum;

36 2. Approves a countywide referendum and directs county
37 staff to prepare a resolution or ordinance to implement the
38 approval; or

39 3. Places a resolution or ordinance on the agenda for the
40 county's next scheduled meeting of its governing body.



384052

42 Notwithstanding any other provision of law or a decision from a
43 court of competent jurisdiction, a slot machine license may be
44 issued to an eligible facility outside Miami-Dade County or
45 Broward County; however, such license may not authorize slot
46 machine gaming or require payment of any license fees or
47 regulatory fees before July 7, 2015.

48
49 ===== T I T L E A M E N D M E N T =====

50 And the title is amended as follows:

51 Delete line 691

52 and insert:

53 act; amending s. 551.102, F.S.; revising the
54 definition of the term "eligible facility" to include
55 a pari-mutuel facility in a county that takes action
56 to place the question of slot machine approval on a
57 countywide referendum by a specified date; providing
58 that a county takes action to place a question on a
59 countywide referendum if certain conditions are met;
60 authorizing the issuance of a slot machine license to
61 an eligible facility outside Miami-Dade County or
62 Broward County under certain circumstances; providing
63 for restrictions on the license; amending s. 551.104,
64 F.S.; revising a condition

By Senator Sachs

30-00342B-12

2012382__

1 A bill to be entitled
 2 An act relating to greyhound racing; amending s.
 3 550.002, F.S.; revising the definition of the term
 4 "full schedule of live racing or games"; prohibiting a
 5 minimum requirement of live performances for greyhound
 6 permitholders; amending s. 550.01215, F.S.; revising
 7 the requirements for an application for a license to
 8 conduct performances; extending the period of time
 9 allowed to amend certain applications; amending s.
 10 550.054, F.S.; removing a requirement for holders of
 11 certain converted permits to conduct a full schedule
 12 of live racing to qualify for certain tax credits;
 13 amending s. 550.0951, F.S.; revising provisions
 14 relating to a transfer by a permitholder of a tax
 15 exemption or license fee credit to a greyhound
 16 permitholder; revising provisions relating to the tax
 17 on handle for dogracing and intertrack wagering;
 18 conforming a cross-reference; amending s. 550.09514,
 19 F.S.; revising provisions relating to the purse
 20 requirements for greyhound racing and for the payment
 21 of purses; amending s. 550.105, F.S.; revising
 22 provisions relating to municipal taxes for dogracing
 23 facilities; amending s. 550.26165, F.S.; conforming a
 24 cross-reference to changes made by the act; amending
 25 s. 550.475, F.S.; revising provisions relating to the
 26 leasing of pari-mutuel facilities by pari-mutuel
 27 permitholders; amending s. 550.615, F.S.; revising
 28 provisions relating to intertrack wagering; amending
 29 s. 550.6305, F.S.; conforming cross-references;

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30 amending s. 551.104, F.S.; revising a condition of
 31 licensure for the conduct of slot machine gaming;
 32 amending s. 551.114, F.S.; revising the requirements
 33 for designated slot machine gaming areas; amending s.
 34 849.086, F.S.; revising the requirements for initial
 35 and renewal issuance of a cardroom license to a
 36 greyhound permitholder; providing that a corresponding
 37 pari-mutuel license application or a minimum number of
 38 live performances is not required for a greyhound
 39 permitholder to maintain or renew a cardroom license;
 40 providing that the act does not authorize certain
 41 gambling activity; providing an effective date.
 42

43 Be It Enacted by the Legislature of the State of Florida:

44
 45 Section 1. Subsection (11) of section 550.002, Florida
 46 Statutes, is amended to read:

47 550.002 Definitions.—As used in this chapter, the term:

48 (11) "Full schedule of live racing or games" means, for a
 49 greyhound or jai alai permitholder, the conduct of a combination
 50 of at least 100 live evening or matinee performances during the
 51 preceding year; for a permitholder who has a converted permit or
 52 filed an application on or before June 1, 1990, for a converted
 53 permit, the conduct of a combination of at least 100 live
 54 evening and matinee wagering performances during either of the 2
 55 preceding years; for a jai alai permitholder who does not
 56 operate slot machines in its pari-mutuel facility, who has
 57 conducted at least 100 live performances per year for at least
 58 10 years after December 31, 1992, and whose handle on live jai

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59 alai games conducted at its pari-mutuel facility has been less
 60 than \$4 million per state fiscal year for at least 2 consecutive
 61 years after June 30, 1992, the conduct of a combination of at
 62 least 40 live evening or matinee performances during the
 63 preceding year; for a jai alai permitholder who operates slot
 64 machines in its pari-mutuel facility, the conduct of a
 65 combination of at least 150 performances during the preceding
 66 year; for a harness permitholder, the conduct of at least 100
 67 live regular wagering performances during the preceding year;
 68 for a quarter horse permitholder at its facility unless an
 69 alternative schedule of at least 20 live regular wagering
 70 performances is agreed upon by the permitholder and either the
 71 Florida Quarter Horse Racing Association or the horsemen's
 72 association representing the majority of the quarter horse
 73 owners and trainers at the facility and filed with the division
 74 along with its annual date application, in the 2010-2011 fiscal
 75 year, the conduct of at least 20 regular wagering performances,
 76 in the 2011-2012 and 2012-2013 fiscal years, the conduct of at
 77 least 30 live regular wagering performances, and for every
 78 fiscal year after the 2012-2013 fiscal year, the conduct of at
 79 least 40 live regular wagering performances; for a quarter horse
 80 permitholder leasing another licensed racetrack, the conduct of
 81 160 events at the leased facility; and for a thoroughbred
 82 permitholder, the conduct of at least 40 live regular wagering
 83 performances during the preceding year. For a permitholder which
 84 is restricted by statute to certain operating periods within the
 85 year when other members of its same class of permit are
 86 authorized to operate throughout the year, the specified number
 87 of live performances which constitute a full schedule of live

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88 racing or games shall be adjusted pro rata in accordance with
 89 the relationship between its authorized operating period and the
 90 full calendar year and the resulting specified number of live
 91 performances shall constitute the full schedule of live games
 92 for such permitholder and all other permitholders of the same
 93 class within 100 air miles of such permitholder. A live
 94 performance must consist of no fewer than eight races or games
 95 conducted live for each of a minimum of three performances each
 96 week at the permitholder's licensed facility under a single
 97 admission charge. Notwithstanding any other provision of law,
 98 beginning with the 2012-2013 fiscal year, there shall be no
 99 minimum requirement of live performances for greyhound
 100 permitholders.

101 Section 2. Subsection (1) of section 550.01215, Florida
 102 Statutes, is amended to read:

103 550.01215 License application; periods of operation; bond,
 104 conversion of permit.-

105 (1) Each permitholder shall annually, during the period
 106 between December 15 and January 4, file in writing with the
 107 division its application for a license to conduct pari-mutuel
 108 wagering activities performances during the next state fiscal
 109 year. Each application requesting live performances, if any,
 110 shall specify the number, dates, and starting times of all
 111 performances which the permitholder intends to conduct. It shall
 112 also specify which performances will be conducted as charity or
 113 scholarship performances. In addition, each application for a
 114 license shall include, for each permitholder which elects to
 115 operate a cardroom, the dates and periods of operation the
 116 permitholder intends to operate the cardroom or, for each

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 117 thoroughbred permitholder which elects to receive or rebroadcast
 118 out-of-state races after 7 p.m., the dates for all performances
 119 which the permitholder intends to conduct. A greyhound
 120 permitholder may receive a license to conduct pari-mutuel
 121 wagering activities at a licensed greyhound facility pursuant to
 122 s. 550.475. Permitholders ~~may shall be entitled to~~ amend their
 123 applications through February 28 ~~or, for applications by~~
 124 greyhound permitholders relating to the 2012-2013 fiscal year,
 125 through August 31, 2012.

126 Section 3. Paragraph (b) of subsection (14) of section
 127 550.054, Florida Statutes, is amended to read:

128 550.054 Application for permit to conduct pari-mutuel
 129 wagering.—

130 (14)

131 (b) The division, upon application from the holder of a jai
 132 alai permit meeting all conditions of this section, shall
 133 convert the permit and shall issue to the permitholder a permit
 134 to conduct greyhound racing. ~~A permitholder of a permit~~
 135 ~~converted under this section shall be required to apply for and~~
 136 ~~conduct a full schedule of live racing each fiscal year to be~~
 137 ~~eligible for any tax credit provided by this chapter.~~ The holder
 138 of a permit converted pursuant to this subsection or any holder
 139 of a permit to conduct greyhound racing located in a county in
 140 which it is the only permit issued pursuant to this section who
 141 operates at a leased facility pursuant to s. 550.475 may move
 142 the location for which the permit has been issued to another
 143 location within a 30-mile radius of the location fixed in the
 144 permit issued in that county, provided the move does not cross
 145 the county boundary and such location is approved under the

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 146 zoning regulations of the county or municipality in which the
 147 permit is located, and upon such relocation may use the permit
 148 for the conduct of pari-mutuel wagering and the operation of a
 149 cardroom. The provisions of s. 550.6305(9)(d) and (f) shall
 150 apply to any permit converted under this subsection and shall
 151 continue to apply to any permit which was previously included
 152 under and subject to such provisions before a conversion
 153 pursuant to this section occurred.

154 Section 4. Subsection (1) and paragraph (c) of subsection
 155 (3) of section 550.0951, Florida Statutes, are amended to read:

156 550.0951 Payment of daily license fee and taxes;
 157 penalties.—

158 (1)(a) DAILY LICENSE FEE.—Each person engaged in the
 159 business of conducting race meetings or jai alai games under
 160 this chapter, hereinafter referred to as the "permitholder,"
 161 "licensee," or "permittee," shall pay to the division, for the
 162 use of the division, a daily license fee on each live or
 163 simulcast pari-mutuel event of \$100 for each horserace and \$80
 164 for each dograce and \$40 for each jai alai game conducted at a
 165 racetrack or fronton licensed under this chapter. In addition to
 166 the tax exemption specified in s. 550.09514(1) of \$360,000 or
 167 \$500,000 per greyhound permitholder per state fiscal year, each
 168 greyhound permitholder shall receive in the current state fiscal
 169 year a tax credit equal to the number of live greyhound races
 170 conducted in the previous state fiscal year times the daily
 171 license fee specified for each dograce in this subsection
 172 applicable for the previous state fiscal year. This tax credit
 173 and the exemption in s. 550.09514(1) shall be applicable to any
 174 tax imposed by this chapter or the daily license fees imposed by

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 175 this chapter except during any charity or scholarship
 176 performances conducted pursuant to s. 550.0351. Each
 177 permitholder shall pay daily license fees not to exceed \$500 per
 178 day on any simulcast races or games on which such permitholder
 179 accepts wagers regardless of the number of out-of-state events
 180 taken or the number of out-of-state locations from which such
 181 events are taken. This license fee shall be deposited with the
 182 Chief Financial Officer to the credit of the Pari-mutuel
 183 Wagering Trust Fund.

184 (b) Each permitholder that cannot utilize the full amount
 185 of the exemption of \$360,000 or \$500,000 provided in s.
 186 550.09514(1) or the daily license fee credit provided in this
 187 section may, at any time after notifying the division in
 188 writing, ~~elect once per state fiscal year~~ on a form provided by
 189 the division, elect to transfer such exemption or credit or any
 190 portion thereof to any greyhound permitholder which acts as a
 191 host track to such permitholder for the purpose of intertrack
 192 wagering. Notwithstanding any other provision of law, the
 193 exemption of \$360,000 or \$500,000 provided in s. 550.09514(1),
 194 for each greyhound permitholder that does not conduct live
 195 racing shall be pooled for distribution to eligible greyhound
 196 permitholders in the current fiscal year and any portion of the
 197 exemptions provided in s. 550.09514(1) unused or not transferred
 198 by each greyhound permitholder that elects to conduct live
 199 racing shall be pooled for distribution to eligible greyhound
 200 permitholders in the following fiscal year. Each greyhound
 201 permitholder conducting at least 100 live performances of at
 202 least eight races during a fiscal year shall be eligible for an
 203 additional tax credit from the pool in an amount equal to the

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 204 product of the respective permitholder's percentage share of
 205 live and intertrack wagering handle, excluding the live and
 206 intertrack wagering handle of permitholders that do not conduct
 207 live racing during the year in which the credits are distributed
 208 under subsection (3) during the preceding fiscal year and the
 209 total value of tax credits available in the pool. A greyhound
 210 permitholder conducting live racing shall use the credits
 211 provided in paragraph (a) and s. 550.1647 prior to the
 212 exemptions provided in s. 550.09514(1) for purposes of
 213 calculating the amount of unused exemptions. Once an election to
 214 transfer such exemption or credit is filed with the division, it
 215 shall not be rescinded. The division shall disapprove the
 216 transfer when the amount of the exemption or credit or portion
 217 thereof is unavailable to the transferring permitholder for any
 218 reason, including being unavailable because the transferring
 219 permitholder did not conduct at least 100 live performances of
 220 at least eight races during the fiscal year, or when the
 221 permitholder who is entitled to transfer the exemption or credit
 222 or who is entitled to receive the exemption or credit owes taxes
 223 to the state pursuant to a deficiency letter or administrative
 224 complaint issued by the division. Upon approval of the transfer
 225 by the division, the transferred tax exemption or credit shall
 226 be effective for the first performance of the next payment
 227 period as specified in subsection (5). The exemption or credit
 228 transferred to such host track may be applied by such host track
 229 against any taxes imposed by this chapter or daily license fees
 230 imposed by this chapter. The greyhound permitholder host track
 231 to which such exemption or credit is transferred shall reimburse
 232 such permitholder the exact monetary value of such transferred

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 233 exemption or credit as actually applied against the taxes and
 234 daily license fees of the host track. The division shall ensure
 235 that all transfers of exemption or credit are made in accordance
 236 with this subsection and shall have the authority to adopt rules
 237 to ensure the implementation of this section.

238 (c) A greyhound permitholder that conducts at least 100
 239 live performances of at least eight races during each of the 5
 240 years after July 1, 2012; that subsequently elects to not
 241 conduct live racing; and that served as a host track for
 242 intertrack wagering in each of the 10 years preceding its
 243 election to not conduct live racing, or was converted pursuant
 244 to s. 550.054(14), is entitled to an annual tax credit for each
 245 year the greyhound permitholder conducted live racing after July
 246 1, 2012, not to exceed 10 years, in an amount equal to the
 247 average tax credit received by the greyhound permitholder
 248 pursuant to paragraph (b) during the 3 years preceding the
 249 greyhound permitholder's election to not conduct live racing.
 250 The tax credit provided under this paragraph shall be deducted
 251 from the pool pursuant to paragraph (b) and may be applied
 252 against any taxes or fees imposed by this chapter or any taxes
 253 or fees imposed by s. 849.086.

254 (3) TAX ON HANDLE.—Each permitholder shall pay a tax on
 255 contributions to pari-mutuel pools, the aggregate of which is
 256 hereinafter referred to as "handle," on races or games conducted
 257 by the permitholder. The tax is imposed daily and is based on
 258 the total contributions to all pari-mutuel pools conducted
 259 during the daily performance. If a permitholder conducts more
 260 than one performance daily, the tax is imposed on each
 261 performance separately.

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 262 (c)1. The tax on handle for intertrack wagering is 2.0
 263 percent of the handle if the host track is a horse track, 3.3
 264 percent if the host track is a harness track, 5.5 percent if the
 265 host track is a dog track, and 7.1 percent if the host track is
 266 a jai alai fronton. The tax on handle for intertrack wagering is
 267 0.5 percent if the host track and the guest track are
 268 thoroughbred permitholders or if the guest track is located
 269 outside the market area of the host track and within the market
 270 area of a thoroughbred permitholder currently conducting a live
 271 race meet. The tax on handle for intertrack wagering on
 272 rebroadcasts of simulcast thoroughbred horseraces is 2.4 percent
 273 of the handle and 1.5 percent of the handle for intertrack
 274 wagering on rebroadcasts of simulcast harness horseraces. The
 275 tax shall be deposited into the Pari-mutuel Wagering Trust Fund.

276 2. The tax on handle for intertrack wagers accepted by any
 277 dog track located in an area of the state in which there are
 278 only three permitholders, all of which are greyhound
 279 permitholders, located in three contiguous counties, from any
 280 greyhound permitholder also located within such area or any dog
 281 track or jai alai fronton located as specified in s. 550.615(6)
 282 or (8) ~~(9)~~, on races or games received from the same class of
 283 permitholder located within the same market area is 3.9 percent
 284 if the host facility is a greyhound permitholder and, if the
 285 host facility is a jai alai permitholder, the rate shall be 6.1
 286 percent except that it shall be 2.3 percent on handle at such
 287 time as the total tax on intertrack handle paid to the division
 288 by the permitholder during the current state fiscal year exceeds
 289 the total tax on intertrack handle paid to the division by the
 290 permitholder during the 1992-1993 state fiscal year.

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291 Section 5. Paragraphs (b), (c), and (e) of subsection (2)
 292 of section 550.09514, Florida Statutes, are amended to read:

293 550.09514 Greyhound dogracing taxes; purse requirements.-
 294 (2)

295 (b) Except as otherwise set forth herein, in addition to
 296 the minimum purse percentage required by paragraph (a), each
 297 permitholder conducting live racing during a fiscal year shall
 298 pay as purses an annual amount equal to 75 percent of the daily
 299 license fees paid by each permitholder for the 1994-1995 fiscal
 300 year. This purse supplement shall be disbursed weekly during the
 301 permitholder's race meet in an amount determined by dividing the
 302 annual purse supplement by the number of performances approved
 303 for the permitholder pursuant to its annual license and
 304 multiplying that amount by the number of performances conducted
 305 each week. ~~For the greyhound permitholders in the county where~~
 306 ~~there are two greyhound permitholders located as specified in s.~~
 307 ~~550.615(6), such permitholders shall pay in the aggregate an~~
 308 ~~amount equal to 75 percent of the daily license fees paid by~~
 309 ~~such permitholders for the 1994-1995 fiscal year. These~~
 310 ~~permitholders shall be jointly and severally liable for such~~
 311 ~~purse payments.~~ The additional purses provided by this paragraph
 312 must be used exclusively for purses other than stakes. The
 313 division shall conduct audits necessary to ensure compliance
 314 with this section.

315 (c)1. Each greyhound permitholder when conducting at least
 316 three live performances during any week shall pay purses in that
 317 week on wagers it accepts as a guest track on intertrack and
 318 simulcast greyhound races at the same rate as it pays on live
 319 races. Each greyhound permitholder when conducting at least

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320 three live performances during any week shall pay purses in that
 321 week, at the same rate as it pays on live races, on wagers
 322 accepted on greyhound races at a guest track which is not
 323 conducting live racing and is located within the same market
 324 area as the greyhound permitholder conducting at least three
 325 live performances during any week.

326 2. Each host greyhound permitholder shall pay purses on its
 327 simulcast and intertrack broadcasts of greyhound races to guest
 328 facilities that are located outside its market area in an amount
 329 equal to one quarter of an amount determined by subtracting the
 330 transmission costs of sending the simulcast or intertrack
 331 broadcasts from an amount determined by adding the fees received
 332 for greyhound simulcast races plus 3 percent of the greyhound
 333 intertrack handle at guest facilities that are located outside
 334 the market area of the host and that paid contractual fees to
 335 the host for such broadcasts of greyhound races. For guest
 336 greyhound permitholders not conducting live racing during a
 337 fiscal year and not subject to the purse requirements in
 338 subparagraph 1., 3 percent of the greyhound intertrack handle
 339 shall be paid to the host greyhound permitholder for payment of
 340 purses at the host track.

341 (e) In addition to the purse requirements of paragraphs
 342 (a)-(c), each greyhound permitholder shall pay as purses an
 343 amount equal to one-third of the amount of the tax reduction on
 344 live and simulcast handle applicable to such permitholder as a
 345 result of the reductions in tax rates provided ~~by this act~~
 346 through the amendments to s. 550.0951(3) in chapter 2000-354,
 347 Laws of Florida. With respect to intertrack wagering when the
 348 host and guest tracks are greyhound permitholders not within the

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349 same market area, an amount equal to the tax reduction
 350 applicable to the guest track handle as a result of the
 351 reduction in tax rates ~~rate~~ provided by ~~this act~~ through the
 352 ~~amendments~~ amendment to s. 550.0951(3) in chapter 2000-354, Laws
 353 of Florida, shall be distributed to the guest track, one-third
 354 of which amount shall be paid as purses at ~~the~~ guest tracks
 355 conducting live racing ~~track~~. However, if the guest track is a
 356 greyhound permitholder within the market area of the host or if
 357 the guest track is not a greyhound permitholder, an amount equal
 358 to such tax reduction applicable to the guest track handle shall
 359 be retained by the host track, one-third of which amount shall
 360 be paid as purses at the host track. These purse funds shall be
 361 disbursed in the week received if the permitholder conducts at
 362 least one live performance during that week. If the permitholder
 363 does not conduct at least one live performance during the week
 364 in which the purse funds are received, the purse funds shall be
 365 disbursed weekly during the permitholder's next race meet in an
 366 amount determined by dividing the purse amount by the number of
 367 performances approved for the permitholder pursuant to its
 368 annual license, and multiplying that amount by the number of
 369 performances conducted each week. The division shall conduct
 370 audits necessary to ensure compliance with this paragraph.

371 Section 6. Subsection (9) of section 550.105, Florida
 372 Statutes, is amended to read:

373 550.105 Occupational licenses of racetrack employees; fees;
 374 denial, suspension, and revocation of license; penalties and
 375 fines.—

376 (9) The tax imposed by this section is in lieu of all
 377 license, excise, or occupational taxes to the state or any

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378 county, municipality, or other political subdivision, except
 379 that, if a race meeting or game is held or conducted in a
 380 municipality, the municipality may assess and collect an
 381 additional tax against any person conducting live racing or
 382 games within its corporate limits, which tax may not exceed \$150
 383 per day for horseracing or \$50 per day for dogracing,
 384 simulcasts, intertrack wagering, cardroom games, or jai alai, up
 385 to the maximum of 100 days for dogracing facilities. This tax
 386 may be levied on simulcasts, intertrack wagering, and cardroom
 387 games only to the extent that the facility does not have an
 388 existing agreement with the municipality. Except as provided in
 389 this chapter, a municipality may not assess or collect any
 390 additional excise or revenue tax against any person conducting
 391 race meetings within the corporate limits of the municipality or
 392 against any patron of any such person.

393 Section 7. Subsection (1) of section 550.26165, Florida
 394 Statutes, is amended to read:

395 550.26165 Breeders' awards.—

396 (1) The purpose of this section is to encourage the
 397 agricultural activity of breeding and training racehorses in
 398 this state. Moneys dedicated in this chapter for use as
 399 breeders' awards and stallion awards are to be used for awards
 400 to breeders of registered Florida-bred horses winning horseraces
 401 and for similar awards to the owners of stallions who sired
 402 Florida-bred horses winning stakes races, if the stallions are
 403 registered as Florida stallions standing in this state. Such
 404 awards shall be given at a uniform rate to all winners of the
 405 awards, shall not be greater than 20 percent of the announced
 406 gross purse, and shall not be less than 15 percent of the

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407 announced gross purse if funds are available. In addition, no
 408 less than 17 percent nor more than 40 percent, as determined by
 409 the Florida Thoroughbred Breeders' Association, of the moneys
 410 dedicated in this chapter for use as breeders' awards and
 411 stallion awards for thoroughbreds shall be returned pro rata to
 412 the permitholders that generated the moneys for special racing
 413 awards to be distributed by the permitholders to owners of
 414 thoroughbred horses participating in prescribed thoroughbred
 415 stakes races, nonstakes races, or both, all in accordance with a
 416 written agreement establishing the rate, procedure, and
 417 eligibility requirements for such awards entered into by the
 418 permitholder, the Florida Thoroughbred Breeders' Association,
 419 and the Florida Horsemen's Benevolent and Protective
 420 Association, Inc., except that the plan for the distribution by
 421 any permitholder located in the area described in s. 550.615(8)
 422 ~~s. 550.615(9)~~ shall be agreed upon by that permitholder, the
 423 Florida Thoroughbred Breeders' Association, and the association
 424 representing a majority of the thoroughbred racehorse owners and
 425 trainers at that location. Awards for thoroughbred races are to
 426 be paid through the Florida Thoroughbred Breeders' Association,
 427 and awards for standardbred races are to be paid through the
 428 Florida Standardbred Breeders and Owners Association. Among
 429 other sources specified in this chapter, moneys for thoroughbred
 430 breeders' awards will come from the 0.955 percent of handle for
 431 thoroughbred races conducted, received, broadcast, or simulcast
 432 under this chapter as provided in s. 550.2625(3). The moneys for
 433 quarter horse and harness breeders' awards will come from the
 434 breaks and uncashed tickets on live quarter horse and harness
 435 racing performances and 1 percent of handle on intertrack

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436 wagering. The funds for these breeders' awards shall be paid to
 437 the respective breeders' associations by the permitholders
 438 conducting the races.
 439 Section 8. Section 550.475, Florida Statutes, is amended to
 440 read:
 441 550.475 Lease of pari-mutuel facilities by pari-mutuel
 442 permitholders.—Holders of valid pari-mutuel permits for the
 443 conduct of any jai alai games, dogracing, or thoroughbred and
 444 standardbred horse racing in this state are entitled to lease
 445 any and all of their facilities to any other holder of a same
 446 class valid pari-mutuel permit for jai alai games, dogracing, or
 447 thoroughbred or standardbred horse racing, when located within a
 448 35-mile radius of each other; and such lessee is entitled to a
 449 ~~permit and~~ license to operate its race meet or jai alai games at
 450 the leased premises.
 451 Section 9. Section 550.615, Florida Statutes, is amended to
 452 read:
 453 550.615 Intertrack wagering.—
 454 (1) Any horserace permitholder licensed under this chapter
 455 which has conducted a full schedule of live racing may, at any
 456 time, receive broadcasts of horseraces and accept wagers on
 457 horseraces conducted by horserace permitholders licensed under
 458 this chapter at its facility.
 459 (2) A ~~Any~~ track or fronton licensed under this chapter
 460 which conducted a full schedule of live racing or games which in
 461 the preceding year, any greyhound permitholder that has held an
 462 annual license to conduct pari-mutuel wagering activities in
 463 each of the preceding 10 years, or any greyhound permitholder
 464 converted pursuant to s. 550.054(14) ~~conducted a full schedule~~

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 465 ~~of live racing~~ is qualified to, at any time, receive broadcasts
 466 of any class of pari-mutuel race or game and accept wagers on
 467 such races or games conducted by any class of permitholders
 468 licensed under this chapter.

469 (3) If a permitholder elects to broadcast its signal to any
 470 permitholder in this state, any permitholder that is eligible to
 471 conduct intertrack wagering under the provisions of ss. 550.615-
 472 550.6345 is entitled to receive the broadcast and conduct
 473 intertrack wagering under this section; provided, however, that
 474 the host track may require a guest track within 25 miles of
 475 another permitholder to receive in any week at least 60 percent
 476 of the live races that the host track is making available on the
 477 days that the guest track is otherwise operating live races or
 478 games. A host track may require a guest track not operating live
 479 races or games and within 25 miles of another permitholder to
 480 accept within any week at least 60 percent of the live races
 481 that the host track is making available. A person may not
 482 restrain or attempt to restrain any permitholder that is
 483 otherwise authorized to conduct intertrack wagering from
 484 receiving the signal of any other permitholder or sending its
 485 signal to any permitholder.

486 (4) In no event shall any intertrack wager be accepted on
 487 the same class of live races or games of any permitholder
 488 without the written consent of such operating permitholders
 489 conducting the same class of live races or games if the guest
 490 track is within the market area of such operating permitholder.
 491 A greyhound permitholder licensed under chapter 551 which
 492 accepts intertrack wagers on live greyhound signals is not
 493 required to obtain the written consent required pursuant to this

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 494 subsection from any operating greyhound permitholder within its
 495 market area.

496 (5) No permitholder within the market area of the host
 497 track shall take an intertrack wager on the host track without
 498 the consent of the host track.

499 (6) Notwithstanding the provisions of subsection (3), in
 500 any area of the state where there are three or more horserace
 501 permitholders within 25 miles of each other, intertrack wagering
 502 between permitholders in said area of the state shall only be
 503 authorized under the following conditions: Any permitholder,
 504 other than a thoroughbred permitholder, may accept intertrack
 505 wagers on races or games conducted live by a permitholder of the
 506 same class or any harness permitholder located within such area
 507 and any harness permitholder may accept wagers on games
 508 conducted live by any jai alai permitholder located within its
 509 market area and from a jai alai permitholder located within the
 510 area specified in this subsection when no jai alai permitholder
 511 located within its market area is conducting live jai alai
 512 performances; any greyhound or jai alai permitholder may receive
 513 broadcasts of and accept wagers on any permitholder of the other
 514 class provided that a permitholder, other than the host track,
 515 of such other class is not operating a contemporaneous live
 516 performance within the market area.

517 ~~(7) In any county of the state where there are only two~~
 518 ~~permits, one for dogracing and one for jai alai, no intertrack~~
 519 ~~wager may be taken during the period of time when a permitholder~~
 520 ~~is not licensed to conduct live races or games without the~~
 521 ~~written consent of the other permitholder that is conducting~~
 522 ~~live races or games. However, if neither permitholder is~~

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523 ~~conducting live races or games, either permitholder may accept~~
 524 ~~intertrack wagers on horseraces or on the same class of races or~~
 525 ~~games, or on both horseraces and the same class of races or~~
 526 ~~games as is authorized by its permit.~~

527 ~~(7)(8) In any three contiguous counties of the state where~~
 528 ~~there are only three permitholders, all of which are greyhound~~
 529 ~~permitholders, If any greyhound permitholder leases the facility~~
 530 ~~of another greyhound permitholder for the purpose of conducting~~
 531 ~~all or any portion of the conduct of its live race meet pursuant~~
 532 ~~to s. 550.475, such lessee may conduct intertrack wagering at~~
 533 ~~its pre-lease permitted facility throughout the entire year,~~
 534 ~~including while its race live meet is being conducted at the~~
 535 ~~leased facility, if such permitholder has conducted a full~~
 536 ~~schedule of live racing during the preceding fiscal year at its~~
 537 ~~pre-lease permitted facility or at a leased facility, or~~
 538 ~~combination thereof.~~

539 ~~(8)(9) In any two contiguous counties of the state in which~~
 540 ~~there are located only four active permits, one for thoroughbred~~
 541 ~~horse racing, two for greyhound dogracing, and one for jai alai~~
 542 ~~games, no intertrack wager may be accepted on the same class of~~
 543 ~~live races or games of any permitholder without the written~~
 544 ~~consent of such operating permitholders conducting the same~~
 545 ~~class of live races or games if the guest track is within the~~
 546 ~~market area of such operating permitholder.~~

547 ~~(9)(10) All costs of receiving the transmission of the~~
 548 ~~broadcasts shall be borne by the guest track; and all costs of~~
 549 ~~sending the broadcasts shall be borne by the host track.~~

550 Section 10. Paragraph (g) of subsection (9) of section
 551 550.6305, Florida Statutes, is amended to read:

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552 550.6305 Intertrack wagering; guest track payments;
 553 accounting rules.-

554 (9) A host track that has contracted with an out-of-state
 555 horse track to broadcast live races conducted at such out-of-
 556 state horse track pursuant to s. 550.3551(5) may broadcast such
 557 out-of-state races to any guest track and accept wagers thereon
 558 in the same manner as is provided in s. 550.3551.

559 (g)1. Any thoroughbred permitholder which accepts wagers on
 560 a simulcast signal must make the signal available to any
 561 permitholder that is eligible to conduct intertrack wagering
 562 under the provisions of ss. 550.615-550.6345.

563 2. Any thoroughbred permitholder which accepts wagers on a
 564 simulcast signal received after 6 p.m. must make such signal
 565 available to any permitholder that is eligible to conduct
 566 intertrack wagering under the provisions of ss. 550.615-
 567 550.6345, including any permitholder located as specified in s.
 568 550.615(6). Such guest permitholders are authorized to accept
 569 wagers on such simulcast signal, notwithstanding any other
 570 provision of this chapter to the contrary.

571 3. Any thoroughbred permitholder which accepts wagers on a
 572 simulcast signal received after 6 p.m. must make such signal
 573 available to any permitholder that is eligible to conduct
 574 intertrack wagering under the provisions of ss. 550.615-
 575 550.6345, including any permitholder located as specified in s.
 576 550.615(8) ~~s. 550.615(9)~~. Such guest permitholders are
 577 authorized to accept wagers on such simulcast signals for a
 578 number of performances not to exceed that which constitutes a
 579 full schedule of live races for a quarter horse permitholder
 580 pursuant to s. 550.002(11), notwithstanding any other provision

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 581 of this chapter to the contrary, except that the restrictions
 582 provided in s. 550.615(8)(a) ~~s. 550.615(9)(a)~~ apply to wagers on
 583 such simulcast signals.
 584

585 No thoroughbred permitholder shall be required to continue to
 586 rebroadcast a simulcast signal to any in-state permitholder if
 587 the average per performance gross receipts returned to the host
 588 permitholder over the preceding 30-day period were less than
 589 \$100. Subject to the provisions of s. 550.615(4), as a condition
 590 of receiving rebroadcasts of thoroughbred simulcast signals
 591 under this paragraph, a guest permitholder must accept
 592 intertrack wagers on all live races conducted by all then-
 593 operating thoroughbred permitholders.

594 Section 11. Paragraph (c) of subsection (4) of section
 595 551.104, Florida Statutes, is amended to read:

596 551.104 License to conduct slot machine gaming.—

597 (4) As a condition of licensure and to maintain continued
 598 authority for the conduct of slot machine gaming, the slot
 599 machine licensee shall:

600 (c) Conduct no fewer than a full schedule of live racing or
 601 games as defined in s. 550.002(11), except for holders of
 602 greyhound permits that do not have a live racing requirement. A
 603 permitholder's responsibility to conduct such number of live
 604 races or games shall be reduced by the number of races or games
 605 that could not be conducted due to the direct result of fire,
 606 war, hurricane, or other disaster or event beyond the control of
 607 the permitholder.

608 Section 12. Subsections (2) and (4) of section 551.114,
 609 Florida Statutes, are amended to read:

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 610 551.114 Slot machine gaming areas.—
 611 (2) The slot machine licensee shall display pari-mutuel
 612 races or games within the designated slot machine gaming areas
 613 and offer patrons within the designated slot machine gaming
 614 areas the ability to engage in pari-mutuel wagering on any live,
 615 intertrack, and simulcast races conducted or offered to patrons
 616 of the licensed facility.

617 (4) Designated slot machine gaming areas may be located
 618 within the current live gaming facility or in an existing
 619 building that must be contiguous and connected to the live
 620 gaming facility, if applicable. If a designated slot machine
 621 gaming area is to be located in a building that is to be
 622 constructed, that new building must be contiguous and connected
 623 to the live gaming facility.

624 Section 13. Paragraphs (a) and (b) of subsection (5) and
 625 paragraph (d) of subsection (13) of section 849.086, Florida
 626 Statutes, are amended to read:

627 849.086 Cardrooms authorized.—

628 (5) LICENSE REQUIRED; APPLICATION; FEES.—No person may
 629 operate a cardroom in this state unless such person holds a
 630 valid cardroom license issued pursuant to this section.

631 (a) Only those persons holding a valid cardroom license
 632 issued by the division may operate a cardroom. A cardroom
 633 license may only be issued to a licensed pari-mutuel
 634 permitholder and an authorized cardroom may only be operated at
 635 the same facility at which the permitholder is authorized under
 636 its valid pari-mutuel wagering permit to conduct pari-mutuel
 637 wagering activities. An initial cardroom license shall be issued
 638 to a pari-mutuel permitholder only after its facilities are in

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639 place and after it conducts its first day of live racing or
 640 games or, for a greyhound permitholder, only after it has
 641 conducted a full schedule of live racing in each of the
 642 preceding 10 years or after it was converted pursuant to s.
 643 550.054(14). A new cardroom license may not be issued in an area
 644 unless the local government has approved of such activity within
 645 its boundaries in accordance with subsection (16).

646 (b) After the initial cardroom license is granted, the
 647 application for the annual license renewal shall be made in
 648 conjunction with the applicant's annual application for its
 649 pari-mutuel license. If a permitholder has operated a cardroom
 650 during any of the 3 previous fiscal years and fails to include a
 651 renewal request for the operation of the cardroom in its annual
 652 application for license renewal, the permitholder may amend its
 653 annual application to include operation of the cardroom. Except
 654 for greyhound permitholders, in order for a cardroom license to
 655 be renewed the applicant must have requested, as part of its
 656 pari-mutuel annual license application, to conduct at least 90
 657 percent of the total number of live performances conducted by
 658 such permitholder during either the state fiscal year in which
 659 its initial cardroom license was issued or the state fiscal year
 660 immediately prior thereto if the permitholder ran at least a
 661 full schedule of live racing or games in the prior year. If the
 662 application is for a harness permitholder cardroom, the
 663 applicant must have requested authorization to conduct a minimum
 664 of 140 live performances during the state fiscal year
 665 immediately prior thereto. If more than one permitholder is
 666 operating at a facility, each permitholder must have applied for
 667 a license to conduct a full schedule of live racing. However, a

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668 minimum number of requested or conducted live performances is
 669 not required for a greyhound permitholder to maintain or renew a
 670 cardroom license.

671 (13) TAXES AND OTHER PAYMENTS.—

672 (d)1. Each greyhound and jai alai permitholder that
 673 operates a cardroom facility shall use at least 4 percent of
 674 such permitholder's cardroom monthly gross receipts to
 675 supplement greyhound purses if live racing is conducted during a
 676 fiscal year, or jai alai prize money, respectively, during the
 677 permitholder's current or next ensuing pari-mutuel meet.

678 2. Each thoroughbred and harness horse racing permitholder
 679 that operates a cardroom facility shall use at least 50 percent
 680 of such permitholder's cardroom monthly net proceeds as follows:
 681 47 percent to supplement purses and 3 percent to supplement
 682 breeders' awards during the permitholder's next ensuing racing
 683 meet.

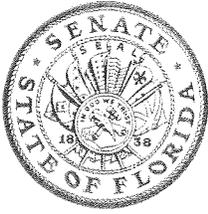
684 3. No cardroom license or renewal thereof shall be issued
 685 to an applicant holding a permit under chapter 550 to conduct
 686 pari-mutuel wagering meets of quarter horse racing unless the
 687 applicant has on file with the division a binding written
 688 agreement between the applicant and the Florida Quarter Horse
 689 Racing Association or the association representing a majority of
 690 the horse owners and trainers at the applicant's eligible
 691 facility, governing the payment of purses on live quarter horse
 692 races conducted at the licensee's pari-mutuel facility. The
 693 agreement governing purses may direct the payment of such purses
 694 from revenues generated by any wagering or gaming the applicant
 695 is authorized to conduct under Florida law. All purses shall be
 696 subject to the terms of chapter 550.

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697 Section 14. This act does not authorize gambling activity
698 beyond what is provided for under current law as of March 1,
699 2012.

700 Section 15. This act shall take effect upon becoming a law.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

SENATOR MARIA LORTS SACHS

Democratic Whip
30th District

January 10, 2012

Florida Senate Committee on Regulated Industries
The Honorable Dennis Jones, Chair
330 Knott Building

HAND DELIVER

Dear Chairman Jones,

I respectfully request that SB 382 regarding Greyhound Racing be heard at the next meeting of the Senate Regulated Industries Committee.

Very truly yours,

A handwritten signature in black ink, appearing to read "Maria Sachs".

Maria Sachs

COMMITTEES:

Military Affairs, Space, and Domestic Security,
Chair
Regulated Industries, *Vice Chair*
Budget - Subcommittee on Finance and Tax
Budget - Subcommittee on Transportation, Tourism,
and Economic Development Appropriations
Communications, Energy, and Public Utilities
Reapportionment

JOINT COMMITTEE:

Legislative Auditing Committee

REPLY TO:

- 955 NW 17th Avenue, Suite E, Delray Beach, Florida 33445 (561) 279-1427
- 216 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5091

Senate's Website: www.flsenate.gov

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

Greyhound Tax Credits for FY 2010/2011

<i>Permitholder</i>	<i>Exemption Credit</i>	<i>DLF Credit</i>	<i>Outs Credit</i>	<i>Transfer IN</i>	<i>Transfer Out</i>	<i>Total Credit</i>	<i>Total Credit USED</i>
<i>140 Associated Outdoor Clubs, Inc.</i>	360,000	248,960	72,641	500,240		1,181,841	1,181,841
<i>141 Bet Miami Greyhounds/Biscayne</i>	360,000	153,120	36,970			550,090	470,675
<i>142 Southwest Florida Enterprises, Inc.</i>	360,000	396,480	147,620			904,100	904,100
<i>143 Daytona Beach Kennel Club, Inc.</i>	360,000	476,160	111,986			948,146	849,286
<i>144 Hartman & Tyner, Inc.</i>	360,000	146,880	26,838			533,718	432,529
<i>145 Jacksonville Kennel Club, Inc.</i>	360,000	132,160	43,646	125,000		660,806	660,806
<i>146 Jefferson County Kennel Clb</i>	500,000	239,360	25,142		600,000	164,502	164,502
<i>148 Orange Park Kennel Club, Inc.</i>	360,000	129,920	33,696	50,000		573,616	573,616
<i>149 Investment Corp. of Palm Beach</i>	360,000	551,120	216,774	533,000		1,660,894	1,660,894
<i>150 Pensacola Greyhound Track, Inc.</i>	500,000	151,440	35,365		475,000	211,805	211,805
<i>151 St. Petersburg Kennel Club, Inc.</i>	360,000	249,280	147,896	500,000		1,257,176	1,257,176
<i>152 SOKC, LLC (Penn National Gaming, Inc.)</i>	360,000	185,440	26,121			571,561	452,283
<i>153 Sarasota Kennel Club, Inc.</i>	360,000	199,600	121,202		40,000	640,802	640,802
<i>154 Washington County Kennel Club, Inc.</i>	500,000	218,240	79,518		583,240	214,518	214,518
<i>155 West Flagler Associates, Ltd.</i>	360,000	254,320	39,795			654,115	654,115
<i>157 Bayard Raceways, Inc.</i>	360,000	220,400	61,579	440,000		1,081,979	1,081,979
<i>158 Penn Sanford, LLC (Penn Natinal Gaming, Inc.)</i>	360,000	189,360	32,735		85,000	497,095	490,179
<i>171 License Acquisitions, LLC</i>	360,000	0	0			360,000	360,000
<i>175 West Volusia Racing, Inc.</i>	360,000	0	0			360,000	269,075
<i>176 Melbourne Greyhound</i>	360,000	74,880	7,529		365,000	77,409	77,409
TOTAL	7,620,000	4,217,120	1,267,052	2,148,240	#####	13,104,172	12,607,589

Pensacola to Jacksonville \$125,000

Pensacola to Orange Park \$25,000

Pensacola to Bayard \$325,000

Washington County to Associated Outdoor \$100,240

Washington County to St Pete \$300,000

Washington County to Palm Beach \$183,000

Melbourne to Palm Beach \$225,000

Melbourne to Orange Park \$25,000

Melbourne to Bayard \$115,000

Penn Sanford to Palm Beach KC \$85,000

Sarasota to Palm Beach KC \$40,000

Jefferson to Tampa \$400,000

Jefferson to St Pete \$200,000

Senator Maria Sachs & Representative Dana Young

Transcribed from YouTube:

http://www.youtube.com/watch?feature=player_profilepage&v=uTj0-fXr2X0

SB 382 & HB 641

Press Conference, January 17, 2012

Sen. Maria Sachs:

“Last year in both houses, the bills went through with minor differences happening on the last day rendering the bill un-passed. Many times bills go through and it’s hard to put a face with a name and an emotion with a number. Today Representative Young and I are here with those animals who are most affected by the bill to protect them...Greyhound racing has been around in Florida since 1931, and in the past 20 years it has become a dying sport. This is the year to decouple the dogs from an industry that we can no longer afford to subsidize. Last year the bill got stuck, it’s a game changing bill, something that won’t happen immediately but this year it is going to happen. The Greyhound business is a dying business, not just for the dogs but as a business. There has been a 96.5% decrease in taxes paid by the tracks. The tracks are struggling; the 16-17 tracks in the state are struggling to keep up the business. What we want to do is to determine how many races would have to be run in order to keep the tracks operational and functional. Now let’s get away from the emotional part and get to the business part of things, because it is a business.

\$4.7 million is given annually to the greyhound tracks from the State of Florida.

Let’s put these numbers into other contexts; \$4.7 million would fund 140 new teachers; 835 students’ annual tuition at a public university; would prevent 108 teachers from being fired; 100 additional police officers per year; 95 additional firefighters per year; and 95 additional nurses per year.

This is just one reason Rep. Young & I are so adamant about getting public opinion behind us, not only for the dogs. I liked to thank Grey 2K, ASPA, the Humane Society and all dog lovers in Florida; part of it is business and

part of it is decoupling, so that these dogs (the ones at the press conference) never have to race again.”

Rep. Dana Young:

“Senator Sachs did a great job of articulating what is so unique about what is so compelling about this bill, which is the dogs. We also have a very compelling business aspect in such that it is not the proper role of the state of Florida to pick winner and losers. We need to remove these mandates and stop propping up the greyhound racing industry and we need to let that industry stand or fall on its own. They’re going to have to come up with new and innovative ways to market their business if they choose to continue racing or they will fail and that is what the free market is about, which is part of what this bill is about. I think at this time, we should take some questions.”

Sen. Maria Sachs

Question 1: “If the bill were able to decouple the greyhound dogs from the mandate of racing, would it be removed from the Department of Business Regulation?”

Answer: No, the state will continue to regulate the treatment of dogs and the live performances that are mandated every year, it would just lessen the cost of the state having to go out and regulate. Ladies and gentlemen this is a new Florida. This is the Florida that has amazing entertainment resorts throughout the state, we are a humane people and the idea of racing live dogs, is just not what we should be noted for at least not the mandate of racing live dogs. Those folks that wish to have this form of entertainment they can continue to do it, we’re not mandating that they can’t, we’re just saying don’t force these dogs to race, so that this industry can continue to operate.”

Rep. Dana Young

Question 2: “Are you worried that if this bill gets tied in with the destination casino bill will it make it harder to pass?”

Answer: I actually think we are in very good shape. We did a tremendous job of educating all the legislators, the legislature understands the issue, the bill passed in both houses and I think I can speak for both of us, when I say we're off to a great start, we're moving early and want to get this thing passed completely independent of the destination resorts bill. I just want to say that there is a huge difference in policy between the two bills; obviously the resort bill would expand gambling, this bill doesn't expand gambling, it contracts it.

Question 3: If the races are simulcast, would that not be a reduction in gaming?

Answer: I would submit to you that it is eliminating a form of gaming, which is gambling on live animal racing; but this ability to bet live on the greyhounds would be significantly reduced"

Senator Maria Sachs:

"We just want to moderate, this is Florida 2012 not 1963 and this is not what we need to be remembered for, the largest dog racing state in the country. We're soon to be the number three state in the country for the most popular state and our culture just does not look at mandate dog racing anymore. So let the market go where it should be, let those tracks that continue racing, if that's what they want and in the meantime, decouple these dogs, thank you very much."

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic ~~Joyce Carta~~ Amendment to SB 382 Bill Number 382
(if applicable)

Name Joyce Carta Amendment Barcode _____
(if applicable)

Job Title Board Member, Greyhound Adoptions of FL

Address 1681 NE 105 Lane Phone 352-402-0412
Street

Anthony FL 32617 E-mail joyce@joycecarta.com
City State Zip

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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1/26/17

Meeting Date

Topic Jones Amendment

Bill Number SB 382

Name Cathy Threl

Amendment Barcode 584332
(if applicable)

Job Title Exec. Director

Jones
(if applicable)

Address _____
Street

Phone _____

City _____ State _____ Zip _____

E-mail _____

Speaking: For Against Information

Representing GREY2K USA

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

Jones
Amend.

THE FLORIDA SENATE
APPEARANCE RECORD

Jan 25, 2012 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic Greyhound

Bill Number 382
(if applicable)

Name JACK CORY

Amendment Barcode 584332
(if applicable)

Job Title 110 E. college Ave

Address ~~Tallahassee~~ 110 E. college Ave

Phone 850 681 1065

Street
Tallahassee FL 32301
City State Zip

E-mail jackcory@paconsultants.com

Speaking: For Against Information

Representing Florida Greyhound Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
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1-26-12

Meeting Date

Topic Decoupling of Greyhounds

Bill Number 382
(if applicable)

Name Elaine Swain

Amendment Barcode _____
(if applicable)

Job Title MS

Address 1006 Buena Vista Dr

Phone 850-567-2542

Street

TLH

FL

32304

E-mail elaruth39@comcast.net

City

State

Zip

Speaking: For Against Information

Representing Grey 2K USA

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

26 Jan 2012
Meeting Date

Topic Greyhound Decoupling Bill Number 382
(if applicable)

Name Joyce Carta Amendment Barcode _____
(if applicable)

Job Title Board Member, Greyhound Adoptions of FL

Address 1681 NE 105 Lane Phone 352-402-0412
Street

Anthony FL 32617 E-mail _____
City State Zip

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

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1-26-12
Meeting Date

Topic Greyhound Decoupling

Bill Number 382
(if applicable)

Name Jean A Fawcay RW

Amendment Barcode _____
(if applicable)

Job Title RW Volunteer

Address 3458 Paces Ferry Rd
Street

Phone 850/212-4448

Tallahassee FL 32309-6833
City State Zip

E-mail JAFawcay97@Comcast.net

Speaking: For Against Information

Representing GREY2K USA

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Jan 25, 2012
Meeting Date

Topic Ereyhound

Bill Number 382
(if applicable)

Name JACK CORY

Amendment Barcode _____
(if applicable)

Job Title Lobbyist

Address 110 East College Ave

Phone 850 681 1065

Tallahassee FL 32301
City State Zip

E-mail jackcory@paconsultants.com

Speaking: For Against Information

Representing Florida Ereyhound Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

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1/26/2012
Meeting Date

Topic GREYHOUND RACING

Bill Number 382
(if applicable)

Name ERIN MAURY

Amendment Barcode _____
(if applicable)

Job Title LOBBYIST

Address 514 E COURSE AVE

Phone 8502221568

City TALL State FL Zip 32301

E-mail mmrgroup@aol

Speaking: For Against Information

Representing FSA

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12

Meeting Date

SB 382

Topic Greyhound Decoupling

Bill Number ~~SB 382~~
(if applicable)

Name Carey Theil

Amendment Barcode _____
(if applicable)

Job Title Executive Director

Address PO Box 442117

Phone 617-666-3526

Street

Somerville, MA 02144

E-mail Carey@greyzkusa.org

City

State

Zip

Speaking: For Against Information

Representing GREYZK USA

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/2012

Meeting Date

Topic GREYHOUND DECOUPLING

Bill Number AB 382
(if applicable)

Name PATRICIA SOUTH

Amendment Barcode _____
(if applicable)

Job Title CASHIER

Address 1774 TRADEWINDS AVE SE

Phone _____

Street

PALM BAY

City

FL

State

32909

Zip

E-mail _____

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-26-12
Meeting Date

Topic live Greyhound Racing

Bill Number SB 382
(if applicable)

Name PHILIP RUTOLO

Amendment Barcode _____
(if applicable)

Job Title PRESIDENT F.G.A.

Address 15678 LIGHT BLUE Circle
Street

Phone 239-691-2603

FT MYERS FLA
City State Zip

E-mail PHILRUTOLO@COMCAST.NET

Speaking: For Against Information

Representing FLORIDA GREYHOUND ASSOCIATION

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12
Meeting Date

Topic Live Greyhound Racing

Bill Number SB 382
(if applicable)

Name Crystal Zwart

Amendment Barcode _____
(if applicable)

Job Title Greyhound kennel owner

Address 5412 Casey Road
Street

Phone (203) 943-1605

Elrod FL 32437
City State Zip

E-mail ruoutofurmind@aol.com

Speaking: For Against Information

Representing Florida Greyhound Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Jan, 26-12
Meeting Date

Topic Five Greyhound Racing

Bill Number SB 382
(if applicable)

Name James Charles Abernethy Sr.

Amendment Barcode _____
(if applicable)

Job Title Vacuum - Owner (dogs)

Address 5310 N turtle Av.

Phone (941) 351-1026

Sarasota FL, 34234
Street City State Zip

E-mail _____

Speaking: For Against Information

Representing Florida Greyhound Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Jan 26-12
Meeting Date

Topic Live Greyhound Racing

Bill Number SB 382
(if applicable)

Name Kayroth Abernathy

Amendment Barcode _____
(if applicable)

Job Title Greyhound Kennel Owner-trainer

Address 115 112th Av. N #817
Street
ST Petersburg FL, 33716
City State Zip

Phone (727) 744-6512

E-mail Kayroth@hotmail.com

Speaking: For Against Information

Representing F.G.A. (Florida Greyhound Association)

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12
Meeting Date

Topic Live greyhound RACING

Bill Number SB 382
(if applicable)

Name Calvin Hohland

Amendment Barcode _____
(if applicable)

Job Title Greyhound owner

Address 10661 1st Way N
Street

Phone 727-577-9650

ST. PETE FL 33716
City State Zip

E-mail Choh1197139@AOL

Speaking: For Against Information

Representing FGA

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-26-12

Meeting Date

Topic GREYHOUND RACING

Bill Number 382
(if applicable)

Name FRED A. JOHNSON

Amendment Barcode _____
(if applicable)

Job Title GREYHOUND KENNEL OPERATOR

Address 1385 N.W. 51 ST

Phone 786-288-1947

Street

MIAMI FL 33142

City

State

Zip

E-mail _____

Speaking: For Against Information

Representing FLORIDA GREYHOUND ASSOCIATION

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic ~~SB 382~~ Greyhound RACING Bill Number 382
(if applicable)

Name JIM BLANCHARD Amendment Barcode _____
(if applicable)

Job Title Kennel OWNER

Address 190 W 6th ST Phone 239-287-5026
Street

BONITA Springs FL 34133 E-mail TBMEL@Comcast.net
City State Zip

Speaking: For Against Information

Representing NATIONAL Greyhound Association

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

JAN 26 2012

Meeting Date

Topic GREYHOUND RACING

Bill Number 382
(if applicable)

Name BILL BUNKLEY

Amendment Barcode _____
(if applicable)

Job Title PRESIDENT

Address PO BOX 340288
Street

Phone 813.264.2977

TAMPA FL 33694
City State Zip

E-mail _____

Speaking: For Against Information

Representing FLORIDA ETHICS & RELIGIOUS LIBERTY COMMISSION

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12
Meeting Date

Topic Greyhound Decoupling

Bill Number 382
(if applicable)

Name Barbara Donner

Amendment Barcode _____
(if applicable)

Job Title Environmental Specialist

Address 3706 Bellwood Dr.
Street

Phone 514-4284

Tallahassee FL 32303
City State Zip

E-mail donnera@happydog
tails.com

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12

Meeting Date

Topic Greyhound decoupling

Bill Number SB 382
(if applicable)

Name CASEY McLAUGHLIN

Amendment Barcode _____
(if applicable)

Job Title IT. ADMINISTRATOR, FSU

Address 2803 OLD BAINBRIDGE RD
Street

Phone 850-284-7271

TALLAHASSEE FL 32303
City State Zip

E-mail Caseyamcl@gmail.com

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic De Coupling

Bill Number 382
(if applicable)

Name Leslie Long

Amendment Barcode _____
(if applicable)

Job Title Floral Design

Address 6351 Glasgow Dr

Phone _____

Street
Tall FL 32312
City *State* *Zip*

E-mail _____

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-
Meeting Date

Topic _____

Bill Number SB 382
(if applicable)

Name Cathy Lawson

Amendment Barcode _____
(if applicable)

Job Title _____

Address 4067 Kilmartin Dr
Street
Tallahassee, FL 32309
City State Zip

Phone 850 894-8122

E-mail Kilmartin@Comcast.net

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic _____

Bill Number SB 382
(if applicable)

Name Betty Piskarswicz

Amendment Barcode _____
(if applicable)

Job Title Nutritionist

Address 4062 Kilmarton Dr

Phone 880-668-8856

Street

Pool FL 31309

City

State

Zip

E-mail Bettushka@gmail.com

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts
Division of Professional Licensure
Office of Legal Counsel

1000 Washington Street 7th Fl. • Boston • Massachusetts • 02118

GREGORY BIALECKI
SECRETARY OF HOUSING
AND ECONOMIC DEVELOPMENT

BARBARA ANTHONY
UNDERSECRETARY, OFFICE OF
CONSUMER AFFAIRS & BUSINESS
REGULATION

April 22, 2011

Linda A. Jensen
145 Weston Road
Plainfield, CT 06374

RE: Public Record Request dated April 20, 2011

Dear Ms. Jensen,

I am writing you on behalf of the State Racing Commission ("Commission") to formally respond to your April 20, 2011 public record request. Commission staff have reviewed all documentation regarding the adoption of racing greyhounds in 2009 and 2010. Based on this review, they have been unable to locate any records showing an adoption to organizations known as Grey2K USA, the Committee to Protect Dogs, the MSPCA, or the Humane Society of the United States. Please note, a small minority of adoption records only contain the names of individuals rather than organizations, therefore we cannot say with certainty that an individual acting on behalf of one of these organizations did not adopt a greyhound.

Sincerely,


Charles Kilb
Legal Counsel





**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that T's Road Warrior 113 B, 23100
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by John Schultz of 12872 So. Brian Pl.
(Printed name of owner) (Street address)

Palos Park Il. 60464 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 15, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1931 Hawk Rd.</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Abeline Ks. 67410</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State Ks

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 2/1/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Vince 65C 132918
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. K9 07410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 29, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>N.J. Sherck</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Edwards, 2/3/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Tease Me 67C, 142746
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 / 12 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sandford-Orlando</u> (track, institution, agency, individual) Address: <u>Dog Track Rd.</u> (Street address) <u>Longwood Fl.</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Chris Fulchino</u> Company <u>Self</u> Driver's license # <u>017-68-8840</u> State <u>RI</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Internet 3/7/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz The Outlaw 27H 41160
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abelene Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 20 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/17/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Try Me Hot 27C, 41160
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline KS, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickenson</u>	
Company <u>SELF</u>	
Driver's license # <u>D-473-62-229-0</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 1/7/10
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Tri Angle 86 F 139413
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Shuck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline KS who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 1241 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>N.J. Shuck</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>Abone</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	 (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Bob Messenger

Company SELF

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 10/12/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Survivor 57F, 42261
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline KS., who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Taplin Farm</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1931 Hawk Rd.</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Abeline KS.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Fred Polchiano

Company SCIF

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/12/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector)

12/12/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Star Scruffy 76 B 138905
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd
(Printed name of owner) (Street address)

Abeline 1 Ks. who last raced at Rayaham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 12 41 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>N.J. Sherck</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State Ks.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Fortunato 10/12/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Sky Limit 77F 143406
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Bayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 20 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs FL</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SEIF

Driver's license # D-252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/17/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Sol Stroke 1174 144808
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Shreck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Rayburns
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1931 Hawk Rd.</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Abeline Ks.</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Fred Fulchino

Company Self

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur Fortunato 10/17/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 10/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Wind Cries Mary 107E, 44551
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Arthur Fortunato of 194 Ann St
(Printed name of owner) (Street address)

Raynham Ma., who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sandford-Orlando</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Dog Track Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Longwood Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickinsen

Company Self

Driver's license # D 252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur Fortunato, 4/5/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 4-10-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Vintage Charm 107E, 144551
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Arthur Fortunato of 194 Ann St
(Printed name of owner) (Street address)

Raynham Ma, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 6 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sunford-Orlando</u> (track, institution, agency, individual) Address: <u>Dog Track Rd.</u> (Street address) <u>Longwood, Fl.</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>John Dickinsen</u> Company <u>Self</u> Driver's license # <u>D 252-473-62-229-0</u> State <u>Fl.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 4/5/09
(Signature of trainer/kennel operator) (Date)

Mc... [Signature] 4-10-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that JMR Samantha HeA, 36488
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Mud River Greyhounds of P.O. Box 356
(Printed name of owner) (Street address)

Hamlin W.V. 25523 who last raced at Rayphram
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 18 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Tom Taylor Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd.</u> (Street address) <u>Abelona Ks. 167410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Felchiro

Company _____

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intonati 2/8/09
(Signature of trainer/kennel operator) (Date)

MARLESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, J. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that UMR Jeanette 96 C, 39572
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Mud River Greyhounds of P.O. Box 356
(Printed name of owner) (Street address)

Hamlin W.V. 25523 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 8 1 0 9
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd</u> (Street address) <u>Abeline Ks. 67410</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Chris Fulcheris</u> Company _____ Driver's license # <u>017-68-8840</u> State <u>RI</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intornato 2/8/09
(Signature of trainer/kennel operator) (Date)

MARC ESBRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Intornato of Kennel # 37
(Printed name of trainer/kennel operator)

Swear and affirm that TNT Rucker 97A 144165
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phyllis Scull of 63 Glen St
(Printed name of owner) (Street address)

Raynham Ma who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Nagler Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd</u> (Street address) <u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-279-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, A. Intornato 11/6/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham 11/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC-Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that TNT Queenie 27G, 41338
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wonderland</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>VFW Pkw</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Revere Ma.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Henry Chin

Company Sub

Driver's license # 035-32-6053 State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 7/11/09
(Signature of trainer/kennel operator) (Date)

MTT... MPR 7/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that TNT Quest RTF H1338
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St
(Printed name of owner) (Street address)

Wintman Ma. who last raced at Rayburn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 21 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wonderland</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>VFW Pkw</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Revere Ma.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Henry Chin

Company _____

Driver's license # 035-32-6053 State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 7/1/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that TNT Quincy 27E, 41338
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Rayaham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9, 24, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Taplin Farms</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd.</u> (Street address) <u>Abeline</u> <u>Ks.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State Ks.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, A. Fortunato 10/12/09
(Signature of trainer/kennel operator) (Date)

M. J. ... [Signature] 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that TNT Van Gogh 40158 1116H
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tom Taplin of 1931 Hawk Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 124 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Tom Taplin</u> (track, institution, agency, individual) Address: <u>Alone</u> (Street address) (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State Ks.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 10/12/09
(Signature of trainer/kennel operator) (Date)

M.J. Cunningham [Signature] 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, J. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that TUT Rumble On 97B 140165
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Woburn Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Laples Ft Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickerson

Company Self

Driver's license # D252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, John Fortunato, 11/16/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that TOUT Rizzo 97 F, 44165
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phyllis Savill of 63 Glen St
(Printed name of owner) (Street address)

Whitman Ma who last raced at Ryanhams
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Leakes Ft. Myers</u> (track, institution, agency, individual) Address: <u>10661 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs, Fl 34135</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Tobin Dickenson

Company Self

Driver's license # B-252-473-02-225-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intermate, 11/10/09
(Signature of trainer/kennel operator) (Date)

MARC ESTBICH, _____, 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Taps Night Life 104A 129719
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Brant Taplin of 1931 Hawk Rd.
(Printed name of owner) (Street address)

Abeline Ks who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Taplin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd.</u> (Street address) <u>Abeline Ks.</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Bob Messenger</u> Company <u>Self</u> Driver's license # <u>K00-71-5972</u> State <u>Ks</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Internet, 10/2/09
(Signature of trainer/kennel operator) (Date)
W.T. Cunningham, 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that TF Curly Q 76C 138498
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tom Taplin of 1931 Hawk Rd.
(Printed name of owner) (Street address)

Abelene Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Ruthen Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

Michael T. Cunningham 12/18/09
(Printed name of witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Taylor Tolane 87G 143936
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Scull of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Fortunato, 11/16/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 11/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Taps Grim Reaper 96C 139499
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1931 Hank Rd</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Abelme Ks.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Bob Messenger

Company SAF

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Martore 10/2/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Taps Tak Hammer 96A 139499
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Brant Taplin of 1931 Hawk Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State FL.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham 12/14/09
(Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Tapco Texarkana 87 F 143936
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phyllis Sawill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ks. who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SCIF

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

12/14/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Tapco Tuscaloosa 87E, 43936
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phyllis Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 20 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>St. Petersburg Kenn. Club.</u> (track, institution, agency, individual) Address: <u>10601 Gandy Blvd.</u> (Street address) <u>St. Petersburg Fl.</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickenson</u> Company <u>Self</u> Driver's license # <u>D-252-473-62-229-0</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intravato 2/16/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 2/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Tapco Comanche 57 J 142675
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tom Taplin of 1931 Hawk Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Antennato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that BB Vonkers 46D 137237
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N. J. Sherak of 2225 Fair Rd.
(Printed name of owner) (Street address)

Abelene Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10661 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>John Dickerson</u> Company <u>Self</u> Driver's license # <u>D-252473-62-209-0</u> State <u>Fl.</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Indarata, 11/16/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that BB. Ready Magic 46J, 137237
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2225 Fair Rd.
(Printed name of owner) (Street address)

Abolme Ks, who last raced at Kayakham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>16661 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs, Fl. 34135</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickerson</u> Company <u>Self</u> Driver's license # <u>D252-473-02-229-0</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Fortunato, 11/6/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that BB Memo 42864 167B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St
(Printed name of owner) (Street address)

Whitman Ma. _____, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10661 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-279-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Interante 11/6/09
(Signature of trainer/kennel operator) (Date)

MARL ESTRICH _____ 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that BB Black Tux 67D 42804
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Taglin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd.</u> (Street address) <u>Abelene Ks.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Fulcheris

Company Self

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intonata 12/12/09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham MTC 12/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that ANK Vanished
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by _____ of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sandford-Orlando</u> (track, institution, agency, individual) Address: <u>DogTrack Rd.</u> (Street address) <u>Longwood, Fl.</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickenson</u> Company <u>Self</u> Driver's license # <u>D252-473-62-229-0</u> State <u>Fl.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 1/16/09
(Signature of trainer/kennel operator) (Date)

MARC ESTYCH _____ 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Dynasty 107A 144383
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick MA 01801, who last raced at Rayburn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Waples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10661 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs FL 34135</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Intermitt 11/16/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that KB's Fearfactor 54D 126457
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phyllis Savill of 63 Glen St
(Printed name of owner) (Street address)

Whitman Ma. 02332 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd.</u> (Street address) <u>Abeline KS.</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Bob Messenger</u> Company <u>Self</u> Driver's license # <u>K00-71-5972</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato, 2/1/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that KB'S COCO LOCO 54F 126456
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phyllis Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Taplin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd</u> (Street address) <u>Abeline Ks.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Fulchino

Company SELF

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Detomato 12/12/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Hesperas 25 67, 131212
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. 02392, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 8 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd.</u> (Street address) <u>Abelme Ks. 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Folchini

Company _____

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intervale, 2/8/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, _____, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Frivolous Pass 46E, 37346
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Michael Lasky of 649 Hwy 40
(Printed name of owner) (Street address)

Abeline KS, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Michael Lasky</u> (track, institution, agency, individual) Address: <u>649 Highway 40</u> (Street address) <u>Abeline KS. 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company Self

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intorb, 4/29/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 9/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Fay's Boone 127 D 145421
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Roxburyham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg Ken. Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gandy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg Fl. 33702</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector)

12/14/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Faye Lass 45421 1276
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St
(Printed name of owner) (Street address)

Whitman Ma who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10661 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Robert Fintona 11/6/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 11/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that CTW Ophelia 36F, 36763
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma 0342, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd.</u> (Street address) <u>Abeline</u> <u>Ks.</u> <u>67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company _____

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato, 2/18/09
(Signature of trainer/kennel operator) (Date)

MARC ZGRICH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Cohort Miss 97C, 44152
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Russell Fortunato of 10 River St.
(Printed name of owner) (Street address)

Medway Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5/13/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Seminole-Orlando</u> (track, institution, agency, individual) Address: <u>Dog Track Rd.</u> (Street address) <u>Longwood, Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Ingraham 5/13/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Nimby Traveler 57C, 42380
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Shenck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline KS who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10/16/09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input checked="" type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Bristol County An. Hosp</u> (track, institution, agency, individual)</p> <p>Address: _____ (Street address)</p> <p><u>Rt. 138 Raynham</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Arthur Fortunato

Company _____

Driver's license # 587418441 State Ma.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 11/7/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, LuFortunate of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Massa De Gva 46 B 137237
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Scwill of 63 Glen St
(Printed name of owner) (Street address)

Whitman Ma who last raced at Ray & frame
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 110 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10661 Bonita Beach Rd</u> (Street address) <u>Bonita Springs, Fl. 34135</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Fortunato, 11/6/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 11/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa JSK Gabe 1076, 44342
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK., who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples - Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs, Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickerson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Potvin 12/14/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector
12/18/09
 (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa JSK Greta 107C 144342
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK. who last raced at Rayham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg Ken. Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gandy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intermitt 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

12/14/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kouva JSK Gustaf 107 F 144342
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Pt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg Kenn. Club.</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gandy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intervict 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

12/18/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Ribwa JSK Hank 117 I 14789
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 7 Box 46
(Printed name of owner) (Street address)

Frederick OK who last raced at Raysboro
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wayles St. Meyers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>16611 Bonita Beach Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-224-6 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____
(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur Fortunate 11/6/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa JSK Hiti 117H, 44789
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Shuck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline KS, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wesley's Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10661 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl 34135</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Duckerson

Company Self

Driver's license # D-252-473-62-229-C State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato, 11/6/09
(Signature of trainer/kennel operator) (Date)

MARLENE ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Riowa JSK Ren Me. 117B 144925
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK. 73542 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 11 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>N.J. Sherck Farm</u> (track, institution, agency, individual) Address: <u>2228 Fair Rd.</u> (Street address) <u>Abeline Ks.</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Bob Messenger</u> Company <u>Self</u> Driver's license # <u>K00-71-5972</u> State <u>KS</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 10/12/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham MK 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunate of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa JSK Penman 117 I, 44925
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK 73542 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 1 8 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sherck Farm</u> (track, institution, agency, individual) Address: <u>2228 Fair Rd.</u> (Street address) <u>Abeline Ks.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Folchino

Company SELF

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunate 10/17/09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham MTC Cunningham 10/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa JSK PenKay 117 G 144925
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 2010
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg Kenn. Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Gandy Blvd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg, Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/16/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa RF Pechiz 107 A, 44752
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt 2 Box 46
(Printed name of owner) (Street address)

Frederick OK. 7354 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Smith Greyhounds</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Fischew

Company _____

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 7/23/09
(Signature of trainer/kennel operator) (Date)

Laurence Rooney Laurence Rooney 7-24-09
(Printed name of witness (MSRC Inspector) Chief) (Signature of Witness) MSRC Inspector Chief (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa JSK Person 117H, 44925
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK. , who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 120, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg Kenn. Club.</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Gandy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato, 12/16/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Keowa JSK Pearson 117 H 144925
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Ken. Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg, Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector
12/18/09
 (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Hy Harold 107D 144911
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples - Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs, FL</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Internato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiwa Taff 56 E 137744
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 So. Alton Way
(Printed name of owner) (Street address)

Denver Co. 80231 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual) Address: <u>1931 Haw Rd.</u> (Street address) <u>Abeline Ks. 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company Self

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Interneti 2/8/09
(Signature of trainer/kennel operator) (Date)

MARLE ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Tami 56A 137744
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) 12/18/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Tina 30C 137744
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State FL.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur J. Intermats 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Saw's Corvette 94 D 128912
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. 02392, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1931 Hawk Rd.</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Abelane Ks. 67410</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State Ks.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Aldun Antunato, 2/1/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that RK's Jazzed Up 85F 134210
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by K. Phillips of 825 1700 Ave.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs, Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>John Dickenson</u> Company <u>SELF</u> Driver's license # <u>D-258-473-62-229-0</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Entenick 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

Michael T. Cunningham 12/18/09
(Printed name of witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that RK's Washington 46C, 37269
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Kurt Phillips of 825 1700 Ave.
(Printed name of owner) (Street address)

Abeline Ks. 67410, who last raced at Rayhanu
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 31 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sandford-Orlando</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Dog Track Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Longwood, Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # D252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur Internato 1/30/09
(Signature of trainer/kennel operator) (Date)

MARLESTRICH [Signature] 1/31/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Rusty Glenn 64A, 27337
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Russell Fortunato 10 River St.
(Printed name of owner) (Street address)

Medway Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3, 12, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sandlot - Orlando</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Dog Track Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Longwood Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	
TRANSPORT AGENT	
Name <u>Chris Fulchino</u>	
Company <u>Self</u>	
Driver's license # <u>017-68-8840</u> State <u>RI</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 3/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that RK's Flexation 85 E 1 34210
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Kurt Phillips of 525 1700 Ave
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 1 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Tom Taylor Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd.</u> (Street address) <u>Abeline Ks.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Folchini

Company Self

Driver's license # 017-68-5840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 4/5/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 4/10/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Pete Somas 4284 167E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 43 Glen St
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 11 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p align="center">RECIPIENT/FACILITY</p> <p>Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)</p> <p>Address: <u>10661 Bonita Beach Rd</u> (Street address) <u>Bonita Springs Fl 34135</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickerson</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>D-252-473-62-279-0</u> State <u>Fl.</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Fortunato 11/6/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Onee Hunt Staff 115.A, 35470
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savilli of 63 Glen St
(Printed name of owner) (Street address)

Whitman Ma, who last raced at Rayahann
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 110 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft., Meigs</u> (track, institution, agency, individual) Address: <u>10661 Bonita Beach Rd</u> (Street address) <u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-729-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, John Fortunato 11/6/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Nitro Diddy 116H 140352
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alan Piper of 1526 E. 100th Av. N.
(Printed name of owner) (Street address)

Belle Plaine Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples - Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

Michael T. Cunningham 12/14/09
(Printed name of witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortenakis of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Nitro Nickel 46E, 37500
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alan Piper of 1526 E. 100th Ave. N.
(Printed name of owner) (Street address)

Belle Plaine KS. who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10, 20, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Toplin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd</u> (Street address) <u>Abelville KS.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Fulkerson

Company SELF

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Z. Fortenakis, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-14-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Nitro Slinger 37G 141642
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alan Piper of 1526 E. 100th Av. N.
(Printed name of owner) (Street address)

Belle Plaine Ks. 67013, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Alan Piper</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State Ks.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Internats 2/1/09
(Signature of trainer/kennel operator) (Date)

MARLE ESTRECH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Nitro Voodoo 106E, 34488
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alan Piper of 1526 E. 100th Ave N.
(Printed name of owner) (Street address)

Belle Plaine Ks. 67013 who last raced at Rayaham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 31 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sandford - Orlando</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Dog Track Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Longwood, Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickerson

Company Self

Driver's license # D 252-473-62-229-0 State Fl

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur Fortunato 1/30/09
(Signature of trainer/kennel operator) (Date)

MARC EGRICH _____ 1/31/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Nitro Black Bart 37C 141642
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alan Piper of 1520 E. 100th Av. N.
(Printed name of owner) (Street address)

Belle Plaine Ks. 67013 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 18 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Tom Tynlin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd</u> (Street address) <u>Abelone Ks.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Folcherio

Company _____

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intermate, 2/18/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Nitro Black Fate 37 F, 141642
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alan Piper of 1526 E 100th Av. N.
(Printed name of owner) (Street address)

Belle Plaine Ks., who last raced at Rayaham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Taglin Farm</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1931 Hawk Rd.</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Abeline</u> <u>Ks.</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Fred Fulcher

Company SCIF

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/12/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham 12/18/09
(Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sav's Stinger 97E 144234
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 114 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gandy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Pinter 12/14/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham

(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector 12/15/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Sub Zero 57A, 42261
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N J Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks., who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 13 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wonderland Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>VFW PKW</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Revere Ma.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name A. Fortunato

Company SELF

Driver's license # S87418441 State Ma.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Fortunato 5/3/09
(Signature of trainer/kennel operator) (Date)

M T Cunningham [Signature] 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sew's Sunshine 17B 141025
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. _____, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 19 08
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd.</u> (Street address) <u>Abeline Ks. 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messinger

Company Self

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Pittan Antunovic, 10/19/08
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 10/25/08
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that SAV'S SURVIVOR 74A 127693
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phylliss Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 / 13 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Phylliss Savill</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name A. Fortunato

Company Self

Driver's license # 587418441 State Ma.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 5/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 5/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sav's Rudy 126 D 140955
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Pt. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickenson

Company SEIF

Driver's license # D-252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intornato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Saw's Maximus 92A115014
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Sawill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. 02392, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Tom Tuplin Farm</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1931 Hawk Rd.</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Abeline</u> <u>Ks.</u> <u>67410</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intervista 2/11/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRECH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sav's Merlin 97B 144234
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Ven Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 3 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wonderland Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>UFW PKW</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Revere Ma.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name A. Fortunato

Company _____

Driver's license # S 87418441 State Ma.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 5/3/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham MR 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Dr. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sally's Impressive 52 D 137803
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phyllis Savill of 63 Glen St
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10661 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Dr. Fortunato 11/16/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 11/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Chiquita 95 D 13446
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Ken. Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd</u> (Street address) <u>St. Petersburg Fl.</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickenson</u> Company <u>SELF</u> Driver's license # <u>D-252-473-62-229-0</u> State <u>Fl.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Antonato 12/14/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector
12/18/09
 (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Ai Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Amie 96I 139538
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Ken Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur D'Amato 12/14/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

Michael T. Cunningham 12/14/09
(Printed name of witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that ~~that~~ Solitary Mysty 127A, 45029
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abelme KS, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7, 16, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>N.J. Sherck</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Fischino

Company _____

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato, 7/23/09
(Signature of trainer/kennel operator) (Date)

Lawrence Rooney, Lawrence Rooney, 7/27/09
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)
Chiff Chiff

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Solitary Tamika 47 B 1 42150
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. 67110, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 129 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>N.J. Sherck</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State Ks.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur J. Estlich, 2/13/09
(Signature of trainer/kennel operator) (Date)

MARC ESTLICH, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Solitary Stoney 67G 142704
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Skerck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline KS. who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 5 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>N.J. Skerck</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Polchino

Company Self

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 10/2/09
(Signature of trainer/kennel operator) (Date)

MTC MTC 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sol Lobby 75H 133467
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7, 16, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>N.J. Sherck</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Fulchino

Company _____

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 7/23/09
(Signature of trainer/kennel operator) (Date)

Laurence Rooney Laurence Rooney 7-29-09
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)
Chief Chief

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Solitary Clear 114C 130037
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phyllis Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. , who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 24 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Taplin Farm</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1931 Hawk Rd.</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Abeline KS.</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato, 10/12/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sul Hawthorne 85 @ 134329
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Strock of 2278 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Fort Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickerson

Company SIF

Driver's license # D252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 11/10/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sheetrocker Spud 25A, 31412
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Max Friedman of 79 Whipoverwill Hollow Rd.
(Printed name of owner) (Street address)

N. Franklin Ct. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Taplin Farm</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1931 Hawk Rd.</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Abelme Ks</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Fred Fulchino

Company SELF

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intervart 12/12/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham

Michael T. Cunningham 12/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sav's Sprawl 979 144234
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vin Savill of 03 Glen St
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 13 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland Track</u> (track, institution, agency, individual) Address: <u>VFW PKW</u> (Street address) <u>Revere Ma.</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>A. Fortunato</u> Company <u>Self</u> Driver's license # <u>S87418441</u> State <u>Ma.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 5/3/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham MR 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz J Ariès 26 B. 136510
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>G.R.E.A.T.</u> (track, institution, agency, individual) Address: <u>PO Box 196</u> (Street address) <u>Buffalo, N.Y. 14207</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Sharon Smith Linda Jensen</u> Company _____ Driver's license # <u>214718744</u> State <u>Ct.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Internat 3/13/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Hank 750,33744
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 3228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. 67410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>N.J. Sherck</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intonati, 2/1/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, _____, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Star Fly Away 87C 1 43644
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Rayham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 1241 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>N.J. Sherck</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State Ks.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Internet 10/12/09
(Signature of trainer/kennel operator) (Date)

M. C. Cunningham [Signature] 10/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Crystal 126F 140473
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline KS. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1201 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State FL.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Internato 12/17/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Dot Dgami 36C 136852
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sheakk of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Baby Champ 57 B 142434
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phyllis Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Rayham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 11 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10661 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>John Dickenson</u>
Company <u>SELF</u>
Driver's license # <u>D-252-473-62-229-0</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Fortunato 11/16/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Cindy 45 B 1322 58
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Ryanbarns
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd.</u> (Street address) <u>Abeline Ks.</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Chris Fulcherio</u> Company <u>Seef</u> Driver's license # <u>017-68-8840</u> State <u>RI</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 4/5/09
(Signature of trainer/kennel operator) (Date)

MC [Signature] 4/10/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Checkers 95E, 34446
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline KS. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7, 16, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>N.J. Sherck</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Frickman

Company _____

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato, 7/23/09
(Signature of trainer/kennel operator) (Date)

LAWRENCE ROONEY, LAWRENCE ROONEY, 7-24-09
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)
Chief Chief

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Lee Steel 18E, 45460
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N. J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gandy Blvd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State FL.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector 12/15/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Lil Sugar 37 F 141803
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Ken. Club</u> (track, institution, agency, individual) Address: <u>10601 Gandy Blvd.</u> (Street address) <u>St. Petersburg Fl.</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickenson</u> Company <u>SELF</u> Driver's license # <u>D-252-473-62-229-0</u> State <u>Fl.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intravato 12/16/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) 12/16/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Larry Red 375 141803
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 201 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Ken. Club</u> (track, institution, agency, individual) Address: <u>10601 Gandy Blvd.</u> (Street address) <u>St. Petersburg Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur Fortunato 12/16/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham _____
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunati of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Star Ladybug 86 F 139230
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.T. Sherck of 2778 Fair Rd.
(Printed name of owner) (Street address)

Abelville Ks. who last raced at Rayburn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Pets of N.E.</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Diane Henning</u>
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>200 Providence St.</u> (Street address)
<input type="checkbox"/> 4. Placed for adoption	<u>Mendon Ma.</u> (City/town, State, Zip)
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name A. Fortunati

Company _____

Driver's license # 587418441 State Ma.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Fortunati 11/11/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Kiss 65E 132900
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2229 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. , who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg Ken. Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gandy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunate of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Tax Actar 28 I 1 45650
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.S. Sherk of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abelene KS. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-02-279-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Jett 11/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sturz Tiffy 95B 134501
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 1 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Taplin Farm</u> (track, institution, agency, individual) Address: <u>1931 Hawk Rd.</u> (Street address) <u>Abeline Ks.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Polchino

Company SELF

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/12/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Kena 65A, 32900
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. 67410, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 29, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>N.J. Sherck</u> (track, institution, agency, individual) Address: <u>Aboue</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State Ks.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato, 2/3/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Tax Player 28 F 145650
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Shreck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. _____, who last raced at Ranham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 2010
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Kenn. Club</u> (track, institution, agency, individual) Address: <u>10601 Gandy Blvd</u> (Street address) <u>St. Petersburg Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name: John Dickenson

Company: SELF

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/16/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Statz Tax Player 28F 145650
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Ken. Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Al Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Risk Taker 67B 142936
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Roxburyham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>St. Petersburg Kenn. Club</u> (track, institution, agency, individual) Address: <u>10601 Gandy Blvd.</u> (Street address) <u>St. Petersburg Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-779-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur Fortunato 12/16/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector 1/7/10/09 (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Royce 66 G 138321
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N. J. Sherck of 2228 - Fair Rd.
(Printed name of owner) (Street address)

Abelone Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg Ken. Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gandy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, A. Fortunato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 17/10/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Return SSD 132318
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. 67410 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 29 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>N.J. Sherck</u> (track, institution, agency, individual) Address: <u>Above</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State Ks

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato, 2/3/09
(Signature of trainer/kennel operator) (Date)

MARC EYRICH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Arthur Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Quest 17A, 40513
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by V.J. Sheck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abelville Ks., who last raced at Kayhickam
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11/10/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10661 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl. 34135</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-47362-228-0 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato, 11/6/09
(Signature of trainer/kennel operator) (Date)

MITC, [Signature], 11/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Quickstep 40813, 177
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.T. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abelene Ks., who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 18 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Tom Taplin Farm</u> (track, institution, agency, individual) Address: <u>1231 Hawk Rd.</u> (Street address) <u>Abelene Ks.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Falciano

Company Self

Driver's license # 017-68-8840 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Zentgraf 10/17/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness-MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Oneo 966 139417
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Robert Antonato 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector)

12/14/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, unfortunate of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Manny 96 B 139541
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W. J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11/16/09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)</p> <p>Address: <u>10641 Bonita Beach Rd.</u> (Street address)</p> <p><u>Bonita Springs Fl 34135</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickenson</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>D-252-473-62-229-0</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)
 (Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intimate, 11/16/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Masina 5704 42539
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N J Shreck of 222 Fair Rd.
(Printed name of owner) (Street address)

Abelene Ks , who last raced at Rays Run
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 129 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sandford-Orlando</u> (track, institution, agency, individual) Address: <u>Dog Track Rd.</u> (Street address) <u>Longwood Florida</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickerson</u> Company <u>Self</u> Driver's license # <u>D252-473-62-229-0</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 5/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbourn, Alexandra Lightbourn, 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that U Too Arlene 77A143514
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James Shepherd of 183 Blissard Rd
(Printed name of owner) (Street address)

Elgin TX 78621, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 5, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Adoption of NY</u> (track, institution, agency, individual) Address: <u>5217 Maxwell Road</u> (Street address) <u>Farmington, NY 14425</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJA

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury,

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Joyce Smith
(Signature of trainer/kennel operator)
Michael T. Cunningham

(Signature of Witness) MSRC Inspector

12/5/09
(Date)
12/5/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Uto Cora 77C, 43514
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James Shepherd of 183 Blissard Rd
(Printed name of owner) (Street address)

Elgin TX 78621, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 5, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Adoption of NY</u> ((rack, institution, agency, individual)) Address: <u>5217 Maxwell Road</u> (Street address) <u>Farmington, NY 14425</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALSO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 12/16/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that wiki Babu dall 16B, 06936
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Coleen Pace of 10 Lennon Road
(Printed name of owner) (Street address)

Lincoln RI 02865 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10, 8, 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Greyhound Welfare NC</u> (track, institution, agency, individual)</p> <p>Address: <u>1216 Cavenah's Dr</u> (Street address)</p> <p><u>Silver Spring MD 20905</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Chris Fulchino</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>017685840</u> State <u>CT</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 10-15-09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 10/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Sand Cherry 35B 131446
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Janet Trexell of PO 2141
(Printed name of owner) (Street address)

Elk City OK 73618 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 8 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Welfare INC</u> (track, institution, agency, individual) Address: <u>1216 Cavendish Dr</u> (Street address) <u>Silver Spring MD 20905</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company SELF

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 10-15-09
(Signature of trainer/kennel operator) (Date)

[Signature] 10/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Sea Hero 26B136660
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Gregory Deuel of 1504 Autumn Drive
(Printed name of owner) (Street address)

Racine WI 53402, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9, 17, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wonderland Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>190 VFW Parkway</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Revere MA 02151</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 Y46431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 9/18/09
(Signature of trainer/kennel operator) (Date)

MIT Cunningham [Signature] 9/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, AL Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Seaside Venture 15C 130727
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Arnell Steffen of 5501-376th ST AVE
(Printed name of owner) (Street address)

Burlington WI 53105, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Jan Travell</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>RR 7</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>ELK CITY, OK 73648</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 OK State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Al Smith 5/16/09
(Signature of trainer/kennel operator) (Date)

Michael Cunningham 5/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Stayed silent 17D, 40988
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Godman of 5652 Whisperwood Blvd
(Printed name of owner) (Street address)

Naples FL 34110, who last raced at Raynham
(City/Town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 17, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Connecticut Greyhound</u> (track, institution, agency, individual) Address: <u>PO Box 900</u> (Street address) <u>AVON CT 06001</u> (City/Town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen
 Company Linda Jensen
 Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

 (Name of person who performed euthanasia) (Affiliation, title)

 (Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 1/16/09
 (Signature of trainer/kennel operator) (Date)
MARC ESTRICH, [Signature], 1/16/09
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that STIFFLY Starched 17A, 40988
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Godman of 5652 Whisperwood Blvd
(Printed name of owner) (Street address)

Naples FL 34110, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 13 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Off Track Pets</u> (track, institution, agency, individual) Address: <u>Rte 138</u> (Street address) <u>Raynham, MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALTA Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 2/4/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Jacklin M. Maccie of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Stimulus Package 57D 140441
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by A. Fonseca of 370 CROSS ST
(Printed name of owner) (Street address)

BRIDGEWATER MA who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 123 10 9
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ANTONIO FONSECA</u> (track, institution, agency, individual) Address: <u>370 CROSS ST</u> (Street address) <u>BRIDGEWATER, MA 02324</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANTONIO FONSECA

Company Self

Driver's license # 570053072 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Jacklin Maccie, 5/23/09
(Signature of trainer/kennel operator) (Date)

NT Cavanaugh [Signature] 5/23/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Submariner AL 105H, 3840
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Gerald Chandler of RR1 Box 93
(Printed name of owner) (Street address)

Rayden OK 73660 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends Nj</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Hampton Nj 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company Fulchino

Driver's license # 017 68 8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 11/16/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Sweet Arrival 34A 126043
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andy Sarras of _____
(Printed name of owner) (Street address)

Bridgewater MA 02324 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4, 7, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>P O Box 4416</u> (Street address) <u>Cherry Hill, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaskie

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 4/9/09
(Signature of trainer/kennel operator) (Date)

Mc... [Signature] 4-10-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Time Server 116I 140097
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Godman of 5652 Whisperwood Blvd
(Printed name of owner) (Street address)

Naples FL 34110, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Friends of Nf</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherryhill Nf 08034</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Kevin Blaski</u> Company <u>Silver Bullet</u> Driver's license # <u>4446 22 621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 2/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Tuscan Venture 43444 3F
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Bonnie Smith of Box 2053
(Printed name of owner) (Street address)

Elk City OK 73618, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 27 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Welfare</u> (track, institution, agency, individual) Address: <u>PO Box 120788</u> (Street address) <u>Boston MA 02112</u> (City/town, State, Zip)

TRANSPORT AGENT

Name James Farrahm
 Company (Private Party)
 Driver's license # SF 2938941 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 6/28/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightfoot, [Signature], 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Phil Kelly of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Mulberry Duke 37C 1 4/16/09
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Mick Massa of 27810 270TH ST 41692
(Printed name of owner) (Street address)

MULBERRY KS 06756, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 / 20 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland Park - Ryan Kennel</u> (track, institution, agency, individual) Address: <u>REVERE, MA 0251</u> (Street address) _____ (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402425 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/20/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Musicman Mega 40535, 116B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Claude Marin of 113 Columbus Ave
(Printed name of owner) (Street address)

Pawtucket RI 02860, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 12, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Friends Nf</u> <small>(track, institution, agency, individual)</small> Address: <u>PO Box 4416</u> <small>(Street address)</small> <u>Cherry Hill, NJ 08034</u> <small>(City/town, State, Zip)</small>

TRANSPORT AGENT

Name Nancy Buckland
 Company Volunteer
 Driver's license # 598291980 State 121209

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 121209
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Signature of Witness) MSRC Inspector (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that No Party Scotty 37B, 41487
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Savie of Center St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10, 8, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Welfare NC</u> (track, institution, agency, individual) Address: <u>1216 Cavendish Dr</u> (Street address) <u>Silver Spring MD 20905</u> (City/Town, State, Zip)
TRANSPORT AGENT	
Name <u>Chris Fulchino</u> Company <u>SELF</u> Driver's license # <u>017688840</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 10/15/09
(Signature of trainer/kennel operator) (Date)

M. Cummings 10/10/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Philip Kelly of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that OH BOY OBAMA 47E 742103
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by COLEEN PACE of 10 LENNON RD
(Printed name of owner) (Street address)

LINCOLN RI 02865, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 1 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>RYAN RACING</u> (track, institution, agency, individual) Address: <u>WONDERLAND PARK</u> (Street address) <u>REVERE, MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 4/19/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ONEFOOLONASTOOL 16H 136322
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Godman of 5652 Whisperwood Blvd
(Printed name of owner) (Street address)

Naples FL 34116, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1311 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>OFF Track Pets</u> (track, institution, agency, individual) Address: <u>Rte 138</u> (Street address) <u>Raynham MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company AKJC Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

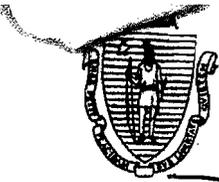
(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 2/4/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Pacific Venture 33B 43444
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Bonnie Smith of PO Box 2053
(Printed name of owner) (Street address)

Elk City OK 73648 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 16 9
(Month) (Day) (Year)

METHOD OF DISPOSITION <small>(check one)</small>	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Pets of America</u> <small>(track, institution, agency, individual)</small> Address: <u>Smith St</u> <small>(Street address)</small> <u>Middleboro MA 02324</u> <small>(City/town, State, Zip)</small>

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 8/17/09
(Signature of trainer/kennel operator) (Date)

W. Cunningham _____
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Pacific Venture 38B 43444
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Bonnie Smith of PO Box 2053
(Printed name of owner) (Street address)

Elk City OK 73648, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 6 9
(Month) (Day) (Year)

METHOD OF DISPOSITION <small>(check one)</small>	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Pets of America</u> <small>(track, institution, agency, individual)</small> Address: <u>Smith St</u> <small>(Street address)</small> <u>Middleboro MA 02327</u> <small>(City/town, State, Zip)</small>

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 8/7/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 8/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Philip Kelly of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that PALS WILD FIRE 27A 141453
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by DON DAVENPORT of _____
(Printed name of owner) (Street address)

_____, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 1 19 10 9
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p align="center">RECIPIENT/FACILITY</p> <p>Name: <u>RYAN RACING</u> (track, institution, agency, individual)</p> <p>Address: <u>WONDERLAND PARK</u> (Street address) <u>REVERE, MA 02151</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>HENRY CHIN</u></p> <p>Company <u>RYAN RACING</u></p> <p>Driver's license # <u>7402428</u> State <u>RI</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____, 4/19/09
(Signature of trainer/kennel operator) (Date)

WTC _____, 4/30/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, AL Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Push SUZANNE 447381 117B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andrew Powell of 578 Kaeuway Road
(Printed name of owner) (Street address)

Axtel TX 76204, who last raced at RAYSTHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/12/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>G P A Maryland</u> (track, institution, agency, individual) Address: <u>1216 Cavendish Dr</u> (Street address) <u>Silver Spring, Maryland 20905</u> (City/town, State, Zip)

TRANSPORT AGENT

Name AL Smith

Company AL Jo Kennel

Driver's license # 036428134 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/12/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Phil Kelly of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that PUTITON eddrestab 57E, 42H1
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Antonio Fonseca of 370 CROSS st
(Printed name of owner) (Street address)

BRIDGEWATER, MA 02324 who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 / 29 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ANTONIO FONSECA</u> (track, institution, agency, individual) Address: <u>370 CROSS st</u> (Street address) <u>BRIDGEWATER, MA 02324</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>ANTONIO FONSECA</u> Company _____ Driver's license # <u>S70053072</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbown Alexandra Lightbown 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Rancho Pal Ann 876 144666
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andrew Powell of 578 Raceway Rd
(Printed name of owner) (Street address)

Axtel TX 76706 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 21 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Off Track Pets</u> (track, institution, agency, individual) Address: <u>Rte 138</u> (Street address) <u>Raynham, MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 11/18/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Rancho Emerald 87D 144666
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andrew Powell of 578 Raceway Rd
(Printed name of owner) (Street address)

Axtel TX 76624 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10, 13, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Pet of America</u> (track, institution, agency, individual) Address: <u>Smith St</u> (Street address) <u>Middleboro, MA 02324</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALSO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____ 10/15/09
(Signature of trainer/kennel operator) (Date)

MC Cunningham _____ 10/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for ears and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Rancho Enocho 96A, 43920
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andrew Powell of 578 Raceway Rd
(Printed name of owner) (Street address)

Axtel TX 76624, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 12 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p align="center">RECIPIENT/FACILITY</p> <p>Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual)</p> <p>Address: <u>PO Box 4416</u> (Street address)</p> <p><u>Cherry Hill, NJ 08034</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Nancy Buckland</u></p> <p>Company <u>Volunteer</u></p> <p>Driver's license # <u>598 291980</u> State <u>MA</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 12 12 09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

12/10/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Rancho Joshua 37D 141785
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andrew Powell of 210 Sam
(Printed name of owner) (Street address)

Waco TX 76706 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 8 9
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Welfare NC</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1216 Cavendish Dr</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Silver Spring MD 20905</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Chris Fulchino

Company SELF

Driver's license # 012688840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 10/15/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 10/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Rancho Red Dave 87B 144666
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andrew Powell of 578 Raceway Rd
(Printed name of owner) (Street address)

Axtel TX 76706 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Off track Pets</u> (track, institution, agency, individual) Address: <u>Rte 138</u> (Street address) <u>Raynham, MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Joyce Smith</u> Company <u>ALSO Kennel</u> Driver's license # <u>012446431</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia)	(Affiliation, title)
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 11/18/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

31

I, Joyce Smith of Kennel # _____
(Printed name of trainer/kennel operator)

Swear and affirm that Rancho Ruby Ann 87A, 44666
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andrew Powell of 210 Sam
(Printed name of owner) (Street address)

Waco TX 76706, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10, 8, 9
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Welfare NC</u> (track, institution, agency, individual) Address: <u>216 Cavendis Dr</u> (Street address) <u>Silver Spring MD 20905</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Falchini

Company SELF

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 10/15/09
(Signature of trainer/kennel operator) (Date)

Michael Cunningham, 10/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Rancho Sugarbabe 86D 143919
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andrew Powell of 578 Raceway Rd
(Printed name of owner) (Street address)

Axtel TX 7624 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 7 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>CPA Massachusetts</u> (track, institution, agency, individual) Address: <u>Smith St</u> (Street address) <u>Middleboro MA 02346</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/4/19
(Signature of trainer/kennel operator) (Date)

MCUNNIGH [Signature] 9/20/19
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Real Situation 44G 125613
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Godman of 5652 Whisperwood Blvd
(Printed name of owner) (Street address)

Naples Fl who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 7 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Welfare</u> <small>(track, institution, agency, individual)</small> Address: <u>PO Box 120788</u> <small>(Street address)</small> <u>Boston MA 02112</u> <small>(City/town, State, Zip)</small>

TRANSPORT AGENT

Name Joyce Smith
 Company ALJO Kennel
 Driver's license # 012 446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____
(Affiliation, title)

(Method of euthanasia) _____
(Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 3/7/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/14/09
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that RHF Raider 96C, 39795
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by George Beebe of 1015 W 42nd
(Printed name of owner) (Street address)

Houston TX 77018, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 7 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Welfare</u> <small>(track, institution, agency, individual)</small> Address: <u>PO Box 120788</u> <small>(Street address)</small> <u>Boston MA 02112</u> <small>(City/town, State, Zip)</small>

TRANSPORT AGENT

Name Joyce Smith
 Company AHJO Kennel
 Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____
(Affiliation, title)

(Method of euthanasia) _____
(Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 3/7/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Kevin's Curveball 125A, 35716
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Ken Richards of 19 Oak Hill Ave
(Printed name of owner) (Street address)

No Smithfield MA 02896 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3, 12, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GPA Massachusetts</u> (track, institution, agency, individual) Address: <u>Smith St</u> (Street address) <u>Middleboro, MA 02346</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 3/13/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Knt Davita Chip 86 137284
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Mark Kasdin of 1003 Cummings Road
(Printed name of owner) (Street address)

Monmouth Junction NJ 08852, who last raced at Ragn Kavn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 4 08
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>CRA</u> (track, institution, agency, individual) Address: <u>Smith St</u> (Street address) <u>Middleboro, MA</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 12/6/08
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 12/1/08
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that KNT Grid Iron 86B, 139284
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Mark Kasdin of 219 Valencia Drive
(Printed name of owner) (Street address)

Monroe Township NJ 08831 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Welfare New England</u> (track, institution, agency, individual) Address: <u>P O Box 120788</u> (Street address) <u>Boston, MA 02112</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company AHJO

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Meddlins Monk 105C135050-
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Schachter of 325 River Road
(Printed name of owner) (Street address)

Pawcatuck CT who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Pets of America</u> (track, institution, agency, individual) Address: <u>Smith St</u> (Street address) <u>Middleboro MA 02324</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALSO Kennel

Driver's license # 012 446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 8/1/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 8/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Machine Tool 66A 138392
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Walter Wasik of 12214 Greentail Dr
(Printed name of owner) (Street address)

Stafford TX 77477 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 21 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Friends West</u> (track, institution, agency, individual) Address: <u>PO Box 483</u> (Street address) <u>Canaan NY 12029</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 2/21/09
(Signature of trainer/kennel operator) (Date)

MARC RSTRICT, [Signature], 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Bald Manuver 459 131792
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Greg Mondani of 615 grey eagle cir. South
(Printed name of owner) (Street address)

Colorado Springs CO 80919, who last raced at Waggonham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>PO BOX 4416</u> (Street address) <u>Cherryhill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaska

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, M. Curran, 6-19-09
(Signature of trainer/kennel operator) (Date)

Alicandra Lightman, Dr, Alicandra Lightman, 6/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Bold point spread 10E 136126
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by greg mondani of 615 Grey Eagle Cr. South
(Printed name of owner) (Street address)

Colorado Springs Co 80919 who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 24 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wonderland park</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere ma 02151</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Andrew Sarras</u> Company <u>SELF</u> Driver's license # <u>013-70-7553</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Curran, 4-24-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham (Printed name of witness (MSRC Inspector))
[Signature] (Signature of Witness) MSRC Inspector [Signature] (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Audisons Ghost 769138808
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Glen Bishop of PO Box 392
(Printed name of owner) (Street address)

Magnolia Springs AL 36535, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Glen Bishop</u> (track, institution, agency, individual) Address: <u>PO Box 392</u> (Street address) <u>Magnolia Springs AL 36535</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickison

Company Dickison Hauling

Driver's license # D252-47362298 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Mike Curran, 12 18 09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Alans Roach 116 F 140224
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Greg P. Mordani of 615 Grey Eagle Cr. South
(Printed name of owner) (Street address)

Colorado Springs CO 80919, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Nithey Greyhound Adoption</u> (track, institution, agency, individual) Address: <u>P.O. Box 602</u> (Street address) <u>Port Matilda PA, 16870</u> (City/town, State, Zip)

TRANSPORT AGENT
Name: Kevin Blaske <u>Silver Bullet</u> Company: Kevin Blaske <u>Kevin Blaske</u> Driver's license # <u>444622421</u> State <u>OK</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 2-20-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Alf Rocken Whamo 94C 129156
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by A. Fonseca of 370 Cross St
(Printed name of owner) (Street address)

Bridgewater MA 02324 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 / 18 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>A. Fonseca</u> (track, institution, agency, individual) Address: <u>370 Cross St</u> (Street address) <u>Bridgewater MA 02324</u> (City/town, State, Zip)

TRANSPORT AGENT

Name A. Fonseca

Company SELF

Driver's license # 031-54-9696 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Fonseca, 4-20-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Impressive Trent 115D 135584
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pat Beagly of 1504 Zipper Rd
(Printed name of owner) (Street address)

Bradenton FL 34212 who last raced at Wynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 01 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Adopted by [unclear] Inc</u> (track, institution, agency, individual) Address: <u>PO Box 603</u> (Street address) <u>Haverhill, MD 21076</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Kevin Blasko</u> Company <u>Silver Bullet</u> Driver's license # <u>444472621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Mike Curran, 7-10-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 7-17-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Hally D Cassius 46E137453
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by J. DeSalvo of 523 Kendalwood Dr
(Printed name of owner) (Street address)

Cannon City CO 81712, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wonderland Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>190 VFW Parkway</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Revere Ma 02151</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>William O'Donnell Jr</u>
Company <u>Self</u>
Driver's license # <u>S13383961</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

_____	_____
(Name of person who performed euthanasia)	(Affiliation, title)
_____	_____
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campbell, 4-29-09
(Signature of trainer/kennel operator) (Date)

MT Connors, 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Heart+Attack Jack 45F 133084
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Barbra Thomas of 2296 2200 Ave
(Printed name of owner) (Street address)

Chapman KS 6743 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 28 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Rescue, Inc</u> (track, institution, agency, individual) Address: <u>862 Cressen Drive</u> (Street address) <u>Gerrardstown WV 25420</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature], 3/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightborn, [Signature], 3/29/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Deadsexy Dexter 16 13 136212
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Lewis & Ryker of 2826 Carrousel Lane
(Printed name of owner) (Street address)

Janesville WI 53546, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 1 / 30 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Buffalo Greyhound Adoption</u> (track, institution, agency, individual) Address: <u>P.O. Box 1096</u> (Street address) <u>Cheektowaga NY 14225</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company SELF

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that D. HO Lynn 46 F, 37324
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by J. D. HO of 2401 Flag Road
(Printed name of owner) (Street address)

Abeline KS 67410 who last raced at Paunhawn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 30 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Buffalo Greyhound Adaptor</u> (track, institution, agency, individual) Address: <u>PO Box 1096</u> (Street address) <u>Cheektowaga NY 14225</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Wanda Jensen

Company Self

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-25-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Dakotas Paws 125B 136726
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jimmy L King of PO BOY 5
(Printed name of owner) (Street address)

Willow OK 73673 who last raced at Raunham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 124 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wonderland Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>190 VFW Parkway</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Revere MA 02151</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Andrew Sarras

Company self

Driver's license # 013-70-7553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campos, 4-24-09
(Signature of trainer/kennel operator) (Date)

MT Conningue MP 4/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that DAKOTA'S SCOTTY 16A 136799
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jimmy L King of PO BOX 5
(Printed name of owner) (Street address)

Willow OK 73623 who last raced at Raenham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 13 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Rescue of NE</u> <u>70</u> (track, institution, agency, individual) Address: <u>PO BOX 507</u> (Street address) <u>inendon ma 01754</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Mike Curran

Company SELF

Driver's license # 029-46-3434 State ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campes, 6-14-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightburn, Alexandra Lightburn, 6/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that DAKOTAS Hi FIVE 16A 136728
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jimmy Ling of PO BOY 5
(Printed name of owner) (Street address)

WILLOW MA 016 73673 who last raced at RUYNORM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 124 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wanderland park</u> (track, institution, agency, individual) Address: <u>190 UFW parkway</u> (Street address) <u>Revere ma 02151</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Andrew Sarrao</u> Company <u>self</u> Driver's license # <u>013-70-7553</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Curran 4-24-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mine Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Dakotas Hi Five 16A 136728
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jimmy L King of PO Box 5
(Printed name of owner) (Street address)

Willow 016 73673 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 125 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Connecticut Greyhound GP</u> (track, institution, agency, individual) <u>Adoption</u> Address: <u>PO Box 900</u> (Street address) <u>Avon Ct 06001-0900</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Curran, 5-2-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, MR, 5-3-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Crimson Jenny 76D 138808
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Glen Bishop of PO Box 392
(Printed name of owner) (Street address)

Magnolia Springs AL 36555 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 126 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherry Hill NJ 08634</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Kevin Blaske</u> Company <u>Silver Bullet</u> Driver's license # <u>444625621</u> State <u>OK</u>

* Complete if method of disposition was euthanasia:

_____	_____
(Name of person who performed euthanasia)	(Affiliation, title)
_____	_____
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-29-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightfoot [Signature] 3/29/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that BOLD AS LOVE 45F 131792
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Greg Mondani of 615 Grey Eagle Cir. South
(Printed name of owner) (Street address)

Colorado Springs Co 80919, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4414</u> (Street address) <u>Cherryhill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Silver Bullet</u> Company <u>Kevin Blaska</u> Driver's license # <u>444672621</u> State <u>OK</u>

* Complete if method of disposition was euthanasia:

_____	_____
(Name of person who performed euthanasia)	(Affiliation, title)
_____	_____
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campos, 3-28-09
(Signature of trainer/kennel operator) (Date)

Alexander Lightbourne, Wesley..., 3/29/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Sandhill Tommy 84B 128747
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by S. G. POFF of BOX 875
(Printed name of owner) (Street address)

Blair OK 73526 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 2 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>WE ADOPT GREYHOUNDS</u> (WAG) (track, institution, agency, individual) Address: <u>PO BOX 1114</u> (Street address) <u>Glastonbury, CT</u> (City/town, State, Zip) <u>06033</u>

TRANSPORT AGENT

Name Linda Jensen

Company SELF

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 2-25-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Punfordgold sasha 115 E, 35511
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Lewis & Ryder of 2826 Carrousel lane
(Printed name of owner) (Street address)

Janesville WI 53546, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 1 / 30 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Buffalo Greyhound Adoption</u> (track, institution, agency, individual) Address: <u>Cheektowaga NY 14205</u> (Street address) <u>P.O. Box 1096</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company SELF

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, M. Curran 2/28/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Roll on Mary 467 137377
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Symbion Farms of 1201 W. Van Buren
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Keosauqua
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6/28/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Brown and Adams Inc</u> (track, institution, agency, individual) Address: <u>43 Sugar Rd</u> (Street address) <u>Keosauqua, MO 64082</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Lisa Papard</u> Company <u>Self COI</u> Driver's license # <u>SO1436558</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Mike Curran, 7-10-09
(Signature of trainer/kennel operator) (Date)

MTCunningham, [Signature], 7-17-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Pat E Zone Blitz 45D 132023
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by pat Collins of 10141 WCR #13
(Printed name of owner) (Street address)

Randmont CO 80554, who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Longmont Friends of RC</u> (track, institution, agency, individual) Address: <u>DC Box 4416</u> (Street address) <u>Longmont CO</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444672621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Mike Curran, 7-10-09
(Signature of trainer/kennel operator) (Date)

MT Collins, 7-17-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Do-A Salt Lake 559 132598
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by P. Collins of 1041 W. R. #13
(Printed name of owner) (Street address)

Udunham Ct. CO 8504 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>PO Box 4416</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Cherry Hill NJ</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Kevin Blasko

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Mike Curran, 7-10-09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham [Signature] 7-17-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Pat C Powell 26 D, 30603
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by P. Collins of 10141 WCR # 13
(Printed name of owner) (Street address)

Longmont CO 80504, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 30 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Buffalo Greyhound Adoption</u> (track, institution, agency, individual) Address: <u>P.O. Box 1096</u> (Street address) <u>Cheektowada NY 14225</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linka Jensen

Company SELF

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Marc Estrich 2-25-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Kate midwife Ter 36A, 36846
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pat Collins of 10141 WCR #13
(Printed name of owner) (Street address)

Log Mt CO 80104 who last raced at Raymond
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7, 11, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Abington Animal Hospital</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>19 Randolph St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Abington MASS 02357</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input checked="" type="checkbox"/> 6. Other <u>Heart Exam</u>	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Mike Curran

Company Curran Kennel

Driver's license # 546898902 State MASS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 7-11-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham [Signature] 7-11-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Pat C Mobility 76E 138882
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pat Collins of 10141 WOK #13
(Printed name of owner) (Street address)

Longmont CO 80504, who last raced at Riverton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 1 / 26 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound options Inc</u> (track, institution, agency, individual) Address: <u>43 Sybil Road</u> (Street address) <u>Ware MA 01082</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Lisa Pakard

Company G.O.I.

Driver's license # S01430558 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, A. Campos, 5-10-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 5-22-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Gotcha Cinnamon 45D 132285
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Lewis E Ryder of 2826 Carousel Lane
(Printed name of owner) (Street address)

Janesville OK 53546, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 13 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Lewis E Ryder</u> (track, institution, agency, individual) Address: 2826 Carousel Lane <u>2826 Carousel Lane</u> (Street address) <u>Janesville OK</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Kevin Blaske</u> Company <u>Silver Bullet</u> Driver's license # <u>444622621</u> State <u>OK</u>

* Complete if method of disposition was euthanasia:

_____	_____
(Name of person who performed euthanasia)	(Affiliation, title)
_____	_____
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campos 2-14-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightman, Alexandra Lightman, 6/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Exceptional trent 115E 135351
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Patrick Bejley of 15 04 Zipperer Rd
(Printed name of owner) (Street address)

Bradenton FL 34212, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 20 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound friends of NT</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherryhill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that MJ'S GO Beyond 27B 141455
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Mike Carroll of Rt 7 BOX 439
(Printed name of owner) (Street address)

Pineville NY 40977 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound friend of NJ</u> (track, institution, agency, individual) Address: <u>PO BOX 4416</u> (Street address) <u>Cherry Hill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Kevin Bigsby</u> Company <u>SILVER BULLET</u> Driver's license # <u>444672621</u> State <u>OK</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, M Curran, 6-19-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lighton, MS, Alexandra Lighton, MS, 6/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Mamas Monkey Man 55C 132860
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Stephen Lockwood of 3725 Rt 26
(Printed name of owner) (Street address)

Greenville ny 12083, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 21 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Stephen Lockwood</u> (track, institution, agency, individual) Address: <u>3725 Rt 26</u> (Street address) <u>Greenville NY 12083</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Stephen Lockwood

Company SELF

Driver's license # 118-42-6288 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Mike Curran, 11-21-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature] 11-28-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that FRONTIER 124 F 130415
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Beverly Johnson of 7254 Maple St
(Printed name of owner) (Street address)

Longmont CO 80504, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 28 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue Inc</u> (track, institution, agency, individual) Address: <u>862 Cressen Drive</u> (Street address) <u>Gerrardstown WV 25420</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campos, 3-29-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbom, Alexandra Lightbom, 3/29/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Gateway Maddison, 47B 141919
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Lewis E Ryder of 2826 Carrousel Lane
(Printed name of owner) (Street address)

Janesville WI 53546, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 19 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Lewis E Ryder</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>2826 Carrousel Lane</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Janesville WI 53546</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Bob Rosborough Kevin Blasko</u>
Company <u>SILVER BULLET</u>
Driver's license # <u>444622421</u> State <u>OK</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campos, 2-19-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Dublin Mary Ann 37I 141460
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Eagle Kennel Inc of PO Box 82
(Printed name of owner) (Street address)

Providence RI 02901, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherryhill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Mike Curran, 7-4-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightburn, Alexandra Lightburn, 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Pat C Marcella 17A 140979
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pat Collins of 10141 WCR #13
(Printed name of owner) (Street address)

Longmont CO 80504, who last raced at Rayman
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 1 28 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p align="center">RECIPIENT/FACILITY</p> <p>Name: <u>Wonderland Park</u> <u>Henry Chin</u> (track, institution, agency, individual)</p> <p>Address: <u>190 VFW Parkway</u> (Street address) <u>Revere MA 02151</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Henry Chin

Company ~~Self~~ Self

Driver's license # 035-326053 State Ma

* Complete if method of disposition was euthanasia:

_____	_____
(Name of person who performed euthanasia)	(Affiliation, title)
_____	_____
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, Mike Curran, 6-28-09
(Signature of trainer/kennel operator) (Date)

Alexandra Hightower, Alexandra Hightower, 7/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mimi Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Pat C Let me Run 55A132598
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by P. Collins of 10141 WCR #13
(Printed name of owner) (Street address)

Longmont CO 80501, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 13 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue & Rehab</u> (track, institution, agency, individual) Address: <u>PO BOX 572</u> (Street address) <u>CROSS RIVER NY</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Linda Jensen</u>	
Company <u>SELF</u>	
Driver's license # <u>214718744</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campos, 2/13/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that pat c ain fizz 74E 1 27537
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by P. Collins of 10141 WCK #13
(Printed name of owner) (Street address)

longmont CO 80504, who last raced at Rainham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 13 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue & Rehab</u> (track, institution, agency, individual) Address: <u>PO BOX 572</u> (Street address) <u>CROSS RIVER NY</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Wanda Jensen

Company SELF

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campos, 2/13/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 4
(Printed name of trainer/kennel operator)

Swear and affirm that Mr C Go Boy 15D 130919
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by E. Bradshaw of 1054 Creekwood Circle
(Printed name of owner) (Street address)

Madison GA 30650 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 12 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Dubouge Greyhound park</u> (track, institution, agency, individual) Address: <u>Greyhound Park Drive</u> (Street address) <u>Dubouge IA 52001</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Bob Messenger Trans.</u> Company <u>Bob Messenger</u> Driver's license # <u>K00-71-5978</u> State <u>KS</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Mike Curran 4/2/07
(Signature of trainer/kennel operator) (Date)

R Ford R Ford 4/2/08
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Pat C Clement 104F 129203
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pat Collins of 10141 WCR #13
(Printed name of owner) (Street address)

Longmont CO 80504 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pat Collins</u> (track, institution, agency, individual) Address: <u>10141 WCR #13</u> (Street address) <u>Longmont CO 80504</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Messenger

Company Bob Messenger Trans.

Driver's license # 100-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campos 1-11-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRUP [Signature] 1/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Pat C Completely 66C138261
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pat Collins of 10141 WOR #13
(Printed name of owner) (Street address)

Longmont CO 80504, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6/19/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound friend of NS</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherryhill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blasko

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, M. Curran, 6-19-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbown, Alexandra Lightbown, 6/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that pat c plainly 116 C 1 40470
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by pat Collins of 10141 WCR#13
(Printed name of owner) (Street address)

longmont CO 80504, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 24 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>wonderland Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>190 VFW Parkway</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Revere ma 02151</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Andrew Sarras

Company SELF

Driver's license # 013-70-7553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Collins 4-24-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Pals Earthquake 66C 138284
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Don Davenport of 35172 E. 120
(Printed name of owner) (Street address)

Earlsboro OK 74840 who last raced at Reynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 1 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherry Hill NJ 08034</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Silver Bullet</u> Company <u>Kevin Blaske</u> Driver's license # <u>444622621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campos, 3-29-09
(Signature of trainer/kennel operator) (Date)

(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Oneo Brooklyn 96E 139577
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Patrick Begley of 1504 Zipperer Rd
(Printed name of owner) (Street address)

Braintree FL 34212, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland Park</u> (track, institution, agency, individual) Address: <u>190 VFW Park Way</u> (Street address) <u>Revere ma 02151</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Andrew Sarras</u> Company <u>Self</u> Driver's license # <u>013-70-7553</u> State <u>ma</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campos, 4-24-09
(Signature of trainer/kennel operator) (Date)

M. T. Cunningham [Signature] [Signature] [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness-MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Mustang Silver LRD 1EP
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pat Collins of 10141 WCR #13
(Printed name of owner) (Street address)

Longmont CO 80504, who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 125 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue of NE</u> (track, institution, agency, individual) Address: <u>PO Box 507</u> (Street address) <u>mendon ma 01756</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Under Jensen</u> Company <u>self</u> Driver's license # <u>214718744</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Campos, 4-25-09
(Signature of trainer/kennel operator) (Date)
MT Cunningham, [Signature], 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that Mulberry Rhoda 17B 141085
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by M. Ch. Massa of 27810 270th St
(Printed name of owner) (Street address)

Mulberry KS 64756, who last raced at Paypinham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Badenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Steve Sarran</u> Company <u>SELF</u> Driver's license # <u>512203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, M. Curran, 12-18-09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector
12/18/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Curran of Kennel # 9
(Printed name of trainer/kennel operator)

Swear and affirm that MIS GO EAST 27F 141455
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by MIKE CARROL of Rt 7 PO BOX 439
(Printed name of owner) (Street address)

Pineville 104 40977, who last raced at RAUNGRAND
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 1 28, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greenville Greyhounds</u> (track, institution, agency, individual) Address: <u>P.O. Box 6098</u> (Street address) <u>North Proctor, NY. 11703</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Mike Curran, 7-10-09
(Signature of trainer/kennel operator) (Date)

MTCunningham, [Signature], 7-17-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Giles UK 94C, 29021
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Sovie of 1174 Douglas Ave
(Printed name of owner) (Street address)

No Providence RI 02904, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Friends of</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherryhill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444 622 621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 3/14/09
(Signature of trainer/kennel operator) (Date)

MARCE ORION [Signature] 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Country Venture 15E 130727
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Janet Traxell of PO Box 2141
(Printed name of owner) (Street address)

elk city OK 73648, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 7 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherry Hill, NJ 08304</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaskie

Company Silver Bullet

Driver's license # 444 622 621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 4/9/09
(Signature of trainer/kennel operator) (Date)

McCormick [Signature] 4-10-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Creme De La Cat 106A 40118
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Saville of Center St
(Printed name of owner) (Street address)

Raynham MA 02707 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Friends of NY</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherryhill Nj</u> <u>08304</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Kevin Blaske</u> Company <u>Silver Ballet</u> Driver's license # <u>444622621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 4/9/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham 4-20-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Dexter Jersey 117B, 44912
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andrew Powell of 578 Raceway Rd
(Printed name of owner) (Street address)

Axtel TX 76024 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10, 13, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Pets of America</u> (track, institution, agency, individual) Address: <u>Smith St</u> (Street address) <u>Middleboro, MA 02346</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJA Kennel

Driver's license # 012446437 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 10/13/09
(Signature of trainer/kennel operator) (Date)

MTCunningham MTC 10/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that DK's Rum Runner 46A, 137356
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Godman of 5652 Whisperwood Blvd
(Printed name of owner) (Street address)

Naples FL who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3, 12, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>C P A Massachusetts</u> (track, institution, agency, individual) Address: <u>Smith St</u> (Street address) <u>Middleboro, MA 02346</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Joyce Smith</u> Company <u>ALJO Kennel</u> Driver's license # <u>012 446431</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 3/13/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, _____, 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Phil Kelly of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Dodgin Bayou 115C 135607
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dirty Dog Racing of 112 White Oak Rd
(Printed name of owner) (Street address)

Rural Valley PA 16299, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 211 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p align="center">RECIPIENT/FACILITY</p> <p><i>Christine Johnson</i></p> <p>Name: <u>Greyhound Rescue and Rehabilitation</u> (track, institution, agency, individual)</p> <p>Address: <u>PO Box 572</u> (Street address)</p> <p><u>Crossriver NY 10518</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Christine Johnson

Company GRR

Driver's license # 21A-235 879 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, *Phil Kelly* 2/21/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH *[Signature]* 2/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Donna always wanna 57A 142441
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tony Fonseca of 370 Cross
(Printed name of owner) (Street address)

Bridgewater MA 02324, who last raced at Ragnum
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 15 9
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Tony Fonseca</u> (track, institution, agency, individual) Address: <u>370 Cross</u> (Street address) <u>Bridgewater MA 02324</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith
 Company ALJO Kennel
 Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 6/15/09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham [Signature] 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Emerald Sinclair 102D115932
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Emerald Kennel of 5501-376 Ave
(Printed name of owner) (Street address)

Burlington WI 53105, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 4 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>OFF Track Pets</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Rt 38</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Raynham, MA 02767</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 9/2/09
(Signature of trainer/kennel operator) (Date)

M. C. ... [Signature] 9/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Emerald Stone ware 6B 133272
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Ardell Steffen of 5501-376th Ave
(Printed name of owner) (Street address)

Burlington WI 53105, who last raced at Raunham
(City/Town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 13 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound/Pets of America</u> (track, institution, agency, individual) Address: <u>Smith St</u> (Street address) <u>Middleboro, MA 02324</u> (City/Town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALSO Kennel

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 10/18/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that F Y C Cow Gap 77B, 43587
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steven Powell of 8877 New Sulphur Springs
(Printed name of owner) (Street address)

San Antonio TX 78263, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Welfare, INC NE</u> (track, institution, agency, individual) Address: <u>PO Box 120788</u> (Street address) <u>Boston, MA 02112</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 Y46431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 11/18/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Exc Dangar 435871 77I
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Powell of 8877 New Sulphur Spring
(Printed name of owner) (Street address)

San Antonio TX 7 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Hampton NJ</u> <u>08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchina

Company Fulchina

Driver's license # 017 68 8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 11 6 9
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, AL Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Genuine Force 24G124725
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Godman of 5657 Whisperwind Blvd #2203
(Printed name of owner) (Street address)

NAPLES FL 34110, who last raced at Royalton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>AL Smith</u> (track, institution, agency, individual) Address: <u>10 Pine St</u> (Street address) <u>Royalton, MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT

Name AL Smith

Company ALJO Kennel

Driver's license # 019428134 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, AL Smith, 5/16/09
(Signature of trainer/kennel operator) (Date)

Michael Cunningham, 5/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Guarded Minute 16 B, 36322
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Godman of 5652 Whisperwood Blvd
(Printed name of owner) (Street address)

Naples FL 34110, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 17, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Connecticut Greyhound</u> (track, institution, agency, individual) Address: <u>PO Box 900</u> (Street address) <u>Avon, CT 06001</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Linda Jensen

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 1/16/09
(Signature of trainer/kennel operator) (Date)

MARCESTRICH [Signature] 1/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Highwind Teague 15B 131023
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phillip Rubine of 306 Winchester Cir
(Printed name of owner) (Street address)

Manderville LA 70448 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4, 18, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Off Track Pets</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Rte 138</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Raynham, MA 02767</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Joyce Smith

Company ALSO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 4/16/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham MC 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Honest Effort 37685, 46 B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James Byrnes of 30A 6th Street
(Printed name of owner) (Street address)

Medford MA 02155 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhounds of Friends Nf</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherryhill, NJ 08034</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Kevin Blaske</u> Company <u>Silver Bullet</u> Driver's license # <u>444622621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 1/17/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Howdy Y'all 26F136523
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Savoie of Center St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11, 18, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Connecticut Greyhound Adopt</u> (track, institution, agency, individual) Address: <u>PO Box 900</u> (Street address) <u>Avon, CT 6001</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 11/18/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that JC Flaming Red 74H1 27862
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joseph Castro of 49 Broad St
(Printed name of owner) (Street address)

Rehoboth MA 01869 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/12/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Friends of Wf</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherry Hill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Nancy Buckland

Company Volunteer

Driver's license # 595291980 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 12/12/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Johns Ace 16E, 136321
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Kenneth Richard of 19 Oak Hill Ave
(Printed name of owner) (Street address)

No Smithfield Rl 02896 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 10 / 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Greyhound Friends Nj</u> (track, institution, agency, individual)</p> <p>Address: <u>PO Box 4416</u> (Street address)</p> <p><u>Hampton NJ 08034</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Chris Falchino</u></p> <p>Company <u>Falchino</u></p> <p>Driver's license # <u>017 68 8840</u> State <u>CT</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 11/6/9
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Kelso Aviator 125E135717
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joseph Castro of 44 Broad St
(Printed name of owner) (Street address)

Rahoboth MA 02769, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of N.J.</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherry Hill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Kevin Blask.</u> Company <u>Silver Bullet</u> Driver's license # <u>444 6 22 621</u> State <u>OH</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 2/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Kelsos Crybaby 46C, 137324
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tony Fonseca of Cross St
(Printed name of owner) (Street address)

Bridgewater MA 02324, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10, 13, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Pets of America</u> (track, institution, agency, individual) Address: <u>Smith St</u> (Street address) <u>Middleboro, MA 02324</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 10/15/09
(Signature of trainer/kennel operator) (Date)

W. Cunningham, [Signature], 10/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Streaker 21A, 41299
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6, 9, 9
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>G-PA Katz Morrill</u> (track, institution, agency, individual) Address: <u>Smith St</u> (Street address) <u>Middleboro, MA</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 6/10/09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham [Signature] 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Bryan Greygoose 127B145276
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Darren Anderson of 11319 S County Club Greens
(Printed name of owner) (Street address)

Tomball TX 77375, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 12, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherryhill NJ 08034</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Nancy Buckland</u> Company <u>V. Puteaux</u> Driver's license # <u>598291980</u> State _____	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 12/12/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 12/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Bayou Stanley 47C Y23E1
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Darren Anderson of 11319 S Country Club Green
(Printed name of owner) (Street address)

Tomball TX 77375 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 13 9
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Pets of America</u> (track, institution, agency, individual) Address: <u>Smith St</u> (Street address) <u>Middleboro, MA 02324</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALSO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 10/15/09
(Signature of trainer/kennel operator) (Date)

MTCunningham MTC 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Blitzen Bully 106G1239782
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Stere Schlachter of 325 River Road
(Printed name of owner) (Street address)

Pawcatuck CT 06379 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Welfare of New England</u> (track, institution, agency, individual) Address: <u>PO Box 120788</u> (Street address) <u>Boston, MA 02112</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Linda Jensen</u> Company <u>Linda Jensen</u> Driver's license # <u>214718744</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 1/16/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Bringitto pappa 41487, 37C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Savoie of 1174 Douglas Ave
(Printed name of owner) (Street address)

No. Providence Rl 02904, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9, 1, 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Greyhound Friends Wf</u> (Track, institution, agency, individual)</p> <p>Address: <u>PO Box 4416</u> (Street address)</p> <p><u>Cherryhill - Wf 08034-0669</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Kevin Blaske</u></p> <p>Company <u>Silver Bullet</u></p> <p>Driver's license # <u>444622621</u> State <u>OK</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 9/2/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 9/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Broadway Babe 3YB, 26043
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andy Sarras of 890 Pleasant St
(Printed name of owner) (Street address)

Bridgewater MA 02324, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Hampton, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company Fulchino

Driver's license # 017 68 8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 11 16 9
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Bugtuzzle Shaw 17A, 40972
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Bad Seiter of 11172 F. M 908
(Printed name of owner) (Street address)

Rockdale TX 76567, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4, 18, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland Park</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere, MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Henry Chin

Company Ryan Racing

Driver's license # 740 2428 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 4/17/09
(Signature of trainer/kennel operator) (Date)

MTC [Signature], [Signature], [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 3/
(Printed name of trainer/kennel operator)

Swear and affirm that AHK Spineal Tap 57A, 42478
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James Jackson of 7099 N FM 487
(Printed name of owner) (Street address)

Rockdale TX 76567 who last raced at Ragnum
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 15, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION
(check one)

- 1. Relocated to another track
- 2. Returned to owner
- 3. Retired for breeding
- 4. Placed for adoption
- 5. Sold/donated for research
- 6. Other _____
- 7. Humanely euthanized*/ reason _____

RECIPIENT/FACILITY

Name: Greyhound Welfare
(track, institution, agency, individual)

Address: PO Box 120788
(Street address)

Boston MA 02112
(City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 1/2/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature], 9/8/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Cheeks 27D, 41299
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02167, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4, 18, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland Park</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere, MA, 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Henry Chin

Company Ryan Racing

Driver's license # 740 24 28 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 4/17/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham 4/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Area of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Ah'S Black Day 12SB 134015
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Smyre OK 73992 who last raced at Rayham
(City/Town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Island</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>So Penn + Stone St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling WV 26003</u> (City/Town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Don Jarrett

Company _____

Driver's license # JL630185441 ^{FL} ~~FL~~

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1-9-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRINE [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Philip Kelly of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that AHK QUEENIE 37A 141785
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by JAMES JACKSON of 7079 N. FM 487
(Printed name of owner) (Street address)

ROCKDALE TX 76567, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>RYAN RACING</u> (track, institution, agency, individual) Address: <u>WONDERLAND</u> (Street address) <u>REVERE, MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>HENRY CHIN</u> Company <u>RYAN RACING</u> Driver's license # <u>7402428</u> State <u>RI</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 4/19/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that AHK Epidural 57D, 42478
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James Jackson of 7099N FM 487
(Printed name of owner) (Street address)

Rockdale TX 76567 who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Connecticut Greyhound Adop</u> (track, institution, agency, individual) Address: <u>PO Box 900</u> (Street address) <u>Avon, CT 6001</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Joyce Smith</u> Company <u>ALJO Kennel</u> Driver's license # <u>012446431</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 11 18 09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that AL Fast Eddy 56A 138299
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Archie Mayes of 1040 Chestnut St
(Printed name of owner) (Street address)

Waco TX 76708 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Welfare</u> (track, institution, agency, individual) Address: <u>PO Box 120788</u> (Street address) <u>Boston, MA 02112</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 9/18/09
(Signature of trainer/kennel operator) (Date)

ATC [Signature] 9/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Always Free 47C, 42085
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine
(Printed name of owner) (Street address)

Raynham MA 02767, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6, 9, 9
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>GPA Kathy Morrill</u> (track, institution, agency, individual)</p> <p>Address: <u>Smith St</u> (Street address)</p> <p><u>Middleboro, MA</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 Y46431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 6/10/9
(Signature of trainer/kennel operator) (Date)

MTC Cunningham, [Signature], 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that Asian Bolt 27H 141299
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Welfare INC/NE</u> (track, institution, agency, individual) Address: <u>PO Box 120788</u> (Street address) <u>Boston, MA 02112</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 11/18/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Aviator 446, 26052
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2, 12, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Welfare NE</u> (track, institution, agency, individual) Address: <u>PO Box 120788</u> (Street address) <u>Boston, MA</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Joyce Smith</u> Company <u>ALJO Kennel</u> Driver's license # <u>012 446431</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 2/21/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Clueless 126 A 1 40706
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel 1 of 10 Pine St
(Printed name of owner) (Street address)

Raynham, MA 02762 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4, 9, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>RYAN RACING</u> (track, institution, agency, individual) Address: <u>WONDERLAN PARK</u> (Street address) <u>REVERE, MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 4/8/09
(Signature of trainer/kennel operator) (Date)

McCarthy 4/10/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness, MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Cold Case 126C 140706
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>wheeling Downs</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>50 Penn Stone St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>wheeling, WV 26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Kevin Blaski

Company Silver Bullet

Driver's license # 444622621 State OH

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 1/16/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Fancy Free 47 142085
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 1 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>OFF Track Pets</u> (track, institution, agency, individual) Address: <u>Rte 138</u> (Street address) <u>Raynham MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 3/1/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 3/4/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Fay 441F, 26052
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 2, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>ALJO Kennel</u> (track, institution, agency, individual) Address: <u>10 Pine St</u> (Street address) <u>Raynham MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 1/2/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALSO Fay 44F, 26052
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALSO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 24 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherry Hill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Kevin Blaski</u> Company <u>Silver Bullet</u> Driver's license # <u>444622621</u> State <u>OK</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 6/19/09
(Signature of trainer/kennel operator) (Date)

Alexandre Higginson, Jr Alexandre Higginson 6/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Free for all 47D, 42085
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 19, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>50 Penn Street</u> (Street address) <u>Wheeling, WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaski

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 1/16/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Free Spirit Y7G, Y2085
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 17 19
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GPA Massachusetts</u> (track, institution, agency, individual) Address: <u>Smith</u> (Street address) <u>Middleboro MA 02346</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 01244643 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 9/17/19
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9/17/19
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Froget 27B, 41299
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Rayham MA 02767 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3, 4, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Rescue</u> (track, institution, agency, individual) Address: <u>862 Cressen Drive</u> (Street address) <u>Gerradstown West Virginia 25420</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444 622 621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 3/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Hallisey 34307, 85B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 P. Inest
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherryh. 11, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444 622 621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 1/17/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALSO impossible 276, 41299
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALSO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2, 21, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Friends West</u> (track, institution, agency, individual) Address: <u>PO Box 483</u> (Street address) <u>Canaan NY 12029</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALSO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 2/21/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Mario 34307, 85A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham, MA 02707 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 7, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <u>returned from</u> <input type="checkbox"/> 7. Humanely euthanized ^{*1} reason <u>GPA Middleboro MA</u>	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherryh, NJ 08034</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Kevin Blaste</u> Company <u>Silver Bullet</u> Driver's license # <u>44462262</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 1/7/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALSO Misplaced 126D, 40706
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALSO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4, 18, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland Park</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere, MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Henry Chin

Company Ryan Racings

Driver's license # 740 2428 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 4/17/09
(Signature of trainer/kennel operator) (Date)

MTCunningham, _____
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for ... or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Petenelly 12/B1 Y07db
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 5 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Adoption NY</u> (track, institution, agency, individual) Address: <u>5217 Maxwell Road</u> (Street address) <u>Farmington NY 14425</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith
 Company ALJO Kennel
 Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 12/16/09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham MTC 12/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Peternelly 126 B 140706
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 1 / 1
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>RYAN RACING</u> (track, institution, agency, individual) Address: <u>WONDERLAND PARK</u> (Street address) <u>REVERE, MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 4/8/09
(Signature of trainer/kennel operator) (Date)

M. Conway, [Signature], 4/10/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Phil Kelly of Kennel # 3C
(Printed name of trainer/kennel operator)

Swear and affirm that Abita port wine 75C 133981
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by John Bladen of Po Box 874
(Printed name of owner) (Street address)

Blair OK 73526-0874 who last raced at Rayhoun
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 21 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue And Rehabilitation</u> (track, institution, agency, individual) Address: <u>PO Box 572</u> (Street address) <u>Cross River NY 10518</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Christine Johnson

Company BRR

Driver's license # 19-235 879 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2/21/09
(Signature of trainer/kennel operator) (Date)

MARIE ESTRICH [Signature] 2/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Sandy 47E, 42085
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Connecticut Greyhound Adopt</u> (track, institution, agency, individual) Address: <u>PO Box 900</u> (Street address) <u>Avon, CT 6001</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 11-18-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Sandy 47E, 42085
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Rayham MA 02267 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>APA Massachusetts</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Smith</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Middleboro MA 02346</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 9/14/09
(Signature of trainer/kennel operator) (Date)

McCurran 9/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that EXPEDITED 46F 137177
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ROSEANN WEEKS of P.O. Box 400
(Printed name of owner) (Street address)

SALINA KS 67402, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 1 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>HEIDI DOSTERLY</u> (track, institution, agency, individual) Address: <u>125 PLYMOUTH ST</u> (Street address) <u>MIDDLEBURY, MA</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>HEIDI DOSTERLY</u> Company <u>Self</u> Driver's license # <u>021449354</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 7-1-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham MR JS
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that FAT FREE 66H 138379
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM
(Printed name of owner) (Street address)

RAYNHAM MA 02767, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 122 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GOING HOME GREYHOUNDS</u> (track, institution, agency, individual) Address: <u>P.O. BOX 513</u> (Street address) <u>WEXFORD, PA 15090</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>HENRY CHIN</u> Company <u>RYAN RACING</u> Driver's license # <u>7402428</u> State <u>RI</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 10-22-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 10-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that DIXIE STAMPEDE 46D 137063
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 1 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>RYAN FARMS</u> (track, institution, agency, individual) Address: <u>2231 DEER RD</u> (Street address) <u>ABILENE, KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name BOB MESSENGER

Company " " SELF

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 11.11.09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-14-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CUTTY SARK SSF 132777
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at ROYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREAT</u> (track, institution, agency, individual) Address: <u>P. O. Box 196</u> (Street address) <u>BUFFALO, NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name LINDA JENSEN

Company " " Golf

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 9.19.09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham, [Signature], 9/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that DARING RIVAL 760 138544
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by DEWTON JONES of P.O. Box 167
(Printed name of owner) (Street address)

ERICK OK 73675, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 1 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>CHERRY Hill, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name KEVIN BLASKE

Company SILVER BULLET HAULING

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 7-1-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, MC, 7/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CONNER'S AR 46 F 137485
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by BRIAN KRENZIN of 713 OLD 40
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 17 / 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GREYHOUND FRIENDS OF N.J.</u> (track, institution, agency, individual) Address: <u>P.O. BOX 4411</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name CHRIS FULCHINO

Company SELF

Driver's license # 017-68-3840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 10-7-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CONTACT 64F 127377
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by LESLIE RYAN of 2191 EDEN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>HEIDI DOHERTY</u> (track, institution, agency, individual) Address: <u>125 PLYMOUTH ST</u> (Street address) <u>MIDDLEBORO, MA</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>HENRY CHIN</u> Company <u>RYAN RACING INC</u> Driver's license # <u>7402428</u> State <u>RI</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-18-09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector
 _____ (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CHIP AWAY RAY 95A 134631
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM
(Printed name of owner) (Street address)

RAYNHAM MA 02707, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 1 / 28 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>CHRISTINE JOHNSON</u> (track, institution, agency, individual) Address: <u>P.O. Box 572</u> (Street address) <u>CROSS RIVER, NY 10818</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 11-28-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-28-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CARTHURIDGE 105C 135274
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 17 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>G.P.H. - MA.</u> (track, institution, agency, individual) Address: <u>P.O. Box 1495</u> (Street address) <u>MIDDLEBURY MA 02346</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Henry Chin, 10-7-09
(Signature of trainer/kennel operator) (Date)

M. J. Cunningham, _____, 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CASSIDERA CANYON 105A 135107
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by RICK DECKER of RT. 1 BOX 54
(Printed name of owner) (Street address)

SPRINKER NM 87747, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 / 1 / 29 / 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GREYHOUND PETS OF ATLANTIC CANADA</u> (track, institution, agency, individual) Address: <u>6 RENEE DR</u> (Street address) <u>LAWRENCE, NOVA SCOTIA</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>LINDA JENSEN</u> Company _____ Driver's license # <u>214718744</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 6.10.09
(Signature of trainer/kennel operator) (Date)
MTC, MTC, 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CHASEADREAM 14 D 124080
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by LESLIE RYAN of 2191 EDEN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 25 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>LESLIE RYAN</u> (track, institution, agency, individual) Address: <u>2191 EDEN RD</u> (Street address) <u>ABILENE, KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>BOB MESSENGER</u> Company <u>" "</u> Driver's license # <u>K00-71-5972</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 1-25-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/31/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that BECKY'S AR 46D 137485
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by BRIAN KRENZIN of 713 Old 40 Hwy
(Printed name of owner) (Street address)

ABILENE KS 67416, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GREAT</u> (track, institution, agency, individual) Address: <u>P.O. Box 196</u> (Street address) <u>BUFFALO, NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name LINDA JENSEN

Company " " SELF

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 9-19-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, 9/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that BANK NOTE 77B 14335
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM WAY
(Printed name of owner) (Street address)

RAYNHAM MA 02707, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 18 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>LINDA JENSEN</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>145 WESTON RD</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>PLAINFIELD, CT 06374</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name LINDA JENSEN

Company Self

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-18-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that ARMY RANGER 75 B 133597
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 11 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>KATELYNN MELO</u> (track, institution, agency, individual) Address: <u>8 DILLINGHAM AVE</u> (Street address) <u>BERKLEY, MA</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402728 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 7/11/09
(Signature of trainer/kennel operator) (Date)

MTCunningham MTC 7/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIU of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that ATOMIC MATTER 66 B 138689
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67416, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 129 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GREYHOUND PETS OF ATLANTIC CANADA</u> (track, institution, agency, individual) Address: <u>6 RENEE DR</u> (Street address) <u>LAWRENCE, NOVA SCOTIA</u> (City/town, State, Zip)

TRANSPORT AGENT

Name LINDA JENSEN

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chiu, 6-10-09
(Signature of trainer/kennel operator) (Date)

Michael Cunningham, 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that BAKARA 95A 134787
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2155 FAWN RA
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 / 29 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>GPA - MASS</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 1495</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>MIDDLEBORO MA 02346</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING INC

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 7-29-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbourn, Alexandra Lightbourn, 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIU of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that AHK QUEENIE 37A 1 91785
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by JAMES JACKSON of 7099 N. FM 487
(Printed name of owner) (Street address)

ROCKDALE TX 76567, who last raced at RAYHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 21 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p align="center">RECIPIENT/FACILITY</p> <p>Name: <u>WAG</u> (track, institution, agency, individual)</p> <p>Address: <u>P.O. BOX 1114</u> (Street address)</p> <p><u>GLASTONBURY, CT 06033</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>LINDA JENSEN</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>214718744</u> State <u>CT</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chiu, 10-21-09
(Signature of trainer/kennel operator) (Date)

M. T. Cunningham, 10/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that A JALON 107B 144309
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAUN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name CHRIS FULCHINO

Company SELF

Driver's license # 017-68-8540 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-18-09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

Michael T. Cunningham, 12/18/09
(Printed name of witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that HOMBRE 107D 144308
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 5 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>LINDY RYAN</u> (track, institution, agency, individual) Address: <u>2156 FAWN RD</u> (Street address) <u>ABILENE, KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name CHRIS FULCHINO

Company Self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-5-09
(Signature of trainer/kennel operator) (Date)

P. Cunningham, [Signature], 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that HUXELEY 55A 13324
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 / 1 / 1 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GUY BARBANTI</u> (track, institution, agency, individual) Address: <u>6 RAPH RD</u> (Street address) <u>PEABODY, MA 09960</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING INC

Driver's license # 7402423 State AI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 7-1-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, _____
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that IDYLLIC 5GG 137877
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2150 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 13 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>KEVIN BLASKE</u> Company <u>SILVER BULLET</u> Driver's license # <u>444622021</u> State <u>OK</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 9-3-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that IN THE MOOD 95F 134526
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYVIAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 1 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>PO BOX 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name KEVIN BLASKE

Company SILVER BULLET

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 7-1-09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham, MTC, 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that JUST HANDY 66B 138379
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM
(Printed name of owner) (Street address)

RAYNHAM MA 02767, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 17 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. BOX 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name CHRIS FULCHINO

Company _____

Driver's license # 017-68-8846 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 10-7-09
(Signature of trainer/kennel operator) (Date)

MC _____ 10/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that HOITY TOLTY SSB 13358
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KRIS STURGVL of 315 BAY SPRING DR
(Printed name of owner) (Street address)

LEAGUE CITY TX 77573, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name LINDA JENSEN

Company " "

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 2-4-09
(Signature of trainer/kennel operator) (Date)

MARIE ESTRICH, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that GRUS 962 139513
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2150 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 17 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>CHRIS FULCHINO</u> Company <u>SELF</u> Driver's license # <u>017-68-8840</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 10.7.09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that HATTEBERG E7B 143200
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67710, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 22 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GOING HOME GREYHOUNDS</u> (track, institution, agency, individual) Address: <u>P.O. Box 513</u> (Street address) <u>WEXFORD, PA 15090</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 10-22-09
(Signature of trainer/kennel operator) (Date)

MTCunningham, [Signature], 10/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that FLYER WHITESOCKS 54A 120439
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by MARCY STRONG of 755 W. OLIVE
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 17 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. BOX 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name CHRIS FULCHINO

Company SELF

Driver's license # 017-68-3840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Henry Chin, 10-7-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, _____, 10/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that FRENCH FORTRESS 76 B 138828
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by RYAN FARMS of 2231 DEER RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 14 109
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual)</p> <p>Address: <u>P.O. BOX 4416</u> (Street address)</p> <p><u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>KEVAN BLASKE</u></p> <p>Company <u>SILVER BULLET</u></p> <p>Driver's license # <u>444622621</u> State <u>OK</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 2-4-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that FURY 76A 138828
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by RYAN FARMS of 2231 DEER RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 / 18 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>WAG</u> (track, institution, agency, individual) Address: <u>P.O. Box 1114</u> (Street address) <u>GLASTONBURY, CT 06033</u> (City/town, State, Zip)

TRANSPORT AGENT

Name LINDA JENSEN

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 7-19-09
(Signature of trainer/kennel operator) (Date)

Laurette Rooney Laurette Rooney 7-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that PERSEUS 96 D 139513
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 17 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>RYAN RACING</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>WANDERLAND PARK</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>REVERE, MA 02151</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 8-7-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 8/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that OH MY GODDESS 96 F 139340
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 13 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input checked="" type="checkbox"/> 7. Humanely euthanized*/ reason <u>Completed open fracture</u> <u>(Bikodus + Ultra)</u>	Name: <u>NEW ENGLAND MEDICAL CENTER</u> (track, institution, agency, individual) Address: <u>595 WEST CENTER ST.</u> (Street address) <u>WEST BRIDGEWATER, MA 02379</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>HENRY CHIN</u> Company <u>RYAN RACING INC</u> Driver's license # <u>7902428</u> State <u>RI</u>	

* Complete if method of disposition was euthanasia:

Amy G. HESS DVM
(Name of person who performed euthanasia) (Affiliation, title)
10mi Beuthausel IV Group cremation @ Angel View
(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 2-13-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that OZARK BONITA 96A 139754
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CLINTON BEAR of 10160 THUNDER MT RD
(Printed name of owner) (Street address)

FAYETTEVILLE AR 72701, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 1 22 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GOING HOME GREYHOUNDS</u> (track, institution, agency, individual) Address: <u>P.O. Box 513</u> (Street address) <u>WEXFORD, PA 15090</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402429 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 10.22.09
(Signature of trainer/kennel operator) (Date)

MT CUNNINGHAM, 10/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that OVER BUDGET 66A 138379
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM WAY
(Printed name of owner) (Street address)

RAYNHAM MA 02707, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 18 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND GRR</u> (track, institution, agency, individual) Address: <u>P.O. BOX 572</u> (Street address) <u>CROSS RIVER, NY 10518</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402728 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 11-18-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that OZARK BABE 96D 139754
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CLINTON BLAIR of 10160 THUNDER MT. RD.
(Printed name of owner) (Street address)

FAYETTEVILLE AR 72701, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>CHEERY HILLS, NJ</u> (City/town, State, Zip)

TRANSPORT AGENT

Name CHRIS FULCHINO

Company SELF

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 11-14-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 11/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that NICE TICKET 77B 143365
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM WAY
(Printed name of owner) (Street address)

RAYNHAM MA 02767, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 / 26 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>RYAN RACING INC</u> (track, institution, agency, individual) Address: <u>WONDERLAND PARK</u> (Street address) <u>REVERE, MA 0251</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>HENRY CHIN</u> Company <u>RYAN RACING INC</u> Driver's license # <u>7402428</u> State <u>RI</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 7-26-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbourn, Alexandra Lightbourn, 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that NO BAD JU JU 116B 140206
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAUN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 118 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GREYHOUNDS FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. BOX 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name CHRIS FULCHINO

Company SELF

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Henry Chin, 12-18-09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector
Michael T. Cunningham (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that NONBELIEVER 77F-143365
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM WAY
(Printed name of owner) (Street address)

RAYNHAM MA 02767, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 27 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>WAG</u> (track, institution, agency, individual) Address: <u>P.O. Box 1114</u> (Street address) <u>GLASTONBURY, CT</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 740272D State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 11-27-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-27-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that MING MU 26F 136595
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by PAUL CONTI of 57 PEACH ORCHARD RD
(Printed name of owner) (Street address)

BURLINGTON MA 01803, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>MICHAEL SUTTER</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 410</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>KEOTA, OK 74941</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name KEVIN BLASKE

Company SILVER BULLET

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 2-4-09
(Signature of trainer/kennel operator) (Date)

MARC ESPILIT, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that Montclair 15F 130799
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by LESLIE RYAN of 2191 EDEN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

was disposed of in the following manner on 1 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input checked="" type="checkbox"/> 7. Humanely euthanized *	Name: <u>TOM DURNIOK VMD</u> (track, institution, agency, individual) Address: <u>900 BROADWAY</u> (Street) <u>RAYNHAM, MA 02767</u> (City, State, Zip)

TRANSPORT AGENT
Name _____
Company _____
Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

Thomas D. Durniock Bristol City An. Clinic - Raynham
(Name of person who performed euthanasia) (Affiliation, title)
Eutax Plus Beural - Angel Vee
(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 1-12-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/31/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that MAKAR 107 B 144551
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67400, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 22 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GOING HOME GREYHOUNDS</u> (track, institution, agency, individual) Address: <u>P.O. Box 513</u> (Street address) <u>WEXFORD, PA 15090</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 10-22-09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham, [Signature], 10/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that MAPLE FLAVOR 77 H 143365
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM WAY
(Printed name of owner) (Street address)

RAYNHAM MA 02767, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 1 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>RYAN RACING</u> (track, institution, agency, individual) Address: <u>WONDERLAND PARK</u> (Street address) <u>REVERE MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 5-10-09
(Signature of trainer/kennel operator) (Date)

MTCunningham [Signature] 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that LITTLE RASCAL 55D 134839
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2150 FAUN RD
(Printed name of owner) (Street address)

ABILENE KS 07410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 129 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GPA - MASS.</u> (track, institution, agency, individual) Address: <u>P.O. Box 1495</u> (Street address) <u>MIDDLEBORO, MA 02346</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING INC

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 7.29.09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbown Alexandra Lightbown 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that KENTON LIMEN 23C 131189
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 1 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>GPA-MA</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>SMITH ST</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>MIDDLEBORO, MA</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name HEIDI DOTHENY

Company Self

Driver's license # 021449354 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 7-1-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 7/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that KINRARA 96H 139513
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. BOX 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name KEVIN BLASKE

Company SILVER BULLET

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 2-4-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that KALISHA 105 F 135 260
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 7 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. BOX 4416</u> (Street address) <u>CHEERY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name CHRIS FULMINO

Company SELF

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 10-7-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that TRISTAN LASHAY 55E 132777
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by LESLIE RYAN of 2191 EDEN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 4 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name KEVIN BLASKE

Company SILVER BULLET

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 2-4-09
(Signature of trainer/kennel operator) (Date)

MARIE ESTRICH, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that WALTZ IN 94C129009
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by LESLIE RYAN of 91 E PEN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 17 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. 4416</u> (Street address) <u>CHERRY HILLS, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>KEVIN BLASKE</u> Company <u>SILVER BULLET</u> Driver's license # <u>4H4622621</u> State <u>OK</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 4-18-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 4-10-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness, MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that WINTER ROSE 105 F 1 35274
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 17 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>KENNY RYAN</u> (track, institution, agency, individual) Address: <u>2156 FAWN RD</u> (Street address) <u>ABILENE, KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name CHRIS FULCHINO

Company _____

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 4-17-99
(Signature of trainer/kennel operator) (Date)

ATC Cunningham, [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500. or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that TORI JEM 55 F 132795
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by MARCY STRONG of 755 N. OLIVE
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 1 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name KEVIN BLASKE

Company SILVER BULLET

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 7-1-09
(Signature of trainer/kennel operator) (Date)

M. T. Cunningham, [Signature], 7/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that TAMIRA 760 138657
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KIRK WHITEHAIR of 1021-2500 AVE.
(Printed name of owner) (Street address)

ABILEE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 11 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>RYAN RACING</u> (track, institution, agency, individual) Address: <u>WUNDERLAND PARK</u> (Street address) <u>REVERE, MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING INC

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 4-1-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbody, MSRC Inspector, Alexandra Lightbody, 4/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that TIME CODE 67A 173200
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KERRY RYAN of 3156 FAWN RD
(Printed name of owner) (Street address)

ABILEE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 12 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>CHELSEA HILLS, NJ 08057</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>LINDA JENSEN</u> Company <u>SELF</u> Driver's license # <u>214718744</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-12-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that TIMIKA 76H 138657
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KIRK WHITEHAIR of 1021-2500 AVE.
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>NORTHERN GREYHOUND ADOPTIONS</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>997 FAIRFAX ROAD</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>ST. ALBANS, VT 05478</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name HENRY CHIN

Company Ryan Racing

Driver's license # 7402728 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 11-4-09
(Signature of trainer/kennel operator) (Date)

MT Connors 11/4/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that TACOMA JEM 55E 132795
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by MARCY STRONG of 755 N. OLIVE
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 28 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>CHRISTINE JOHNSON</u> (track, institution, agency, individual) Address: <u>P.O. Box 572</u> (Street address) <u>CROSS RIVER, NY 10518</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 11.28.09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, 11.28.09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that SAND POWER 96C 139370
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by LINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410 who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>CHRISTINE JOHNSON</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 572</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>CROSS RIVER, NY 10518</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name LINDA JENSEN

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 7-18-09
(Signature of trainer/kennel operator) (Date)

Lorraine Rooney Lorraine Rooney 7-24-09
(Printed name of witness (MSRC Inspector) Chief) (Signature of Witness MSRC Inspector) Chief (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that SAYONARA 646127377
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>HEIDI DORTHERY</u> (track, institution, agency, individual) Address: <u>125 PLYMOUTH ST</u> (Street address) <u>MIDDLEBORO, MA</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>HEIDI DORTHERY</u> Company <u>SELF</u> Driver's license # <u>021449357</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 7-10-09
(Signature of trainer/kennel operator) (Date)

MTCunningham [Signature] 7-17-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that SEQUIM 107 D 1 44552
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAUN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 1 28 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>KEYSTONE GPA</u> (track, institution, agency, individual) Address: <u>1406 HARCOURT DR</u> (Street address) <u>HARRISBURG, PA</u> (City/town, State, Zip)

TRANSPORT AGENT

Name LINDA JENSEN

Company Self

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____
 _____ (Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Henry Chin, 11-28-09
 (Signature of trainer/kennel operator) (Date)
M. Cunningham, [Signature], 11-28-09
 (Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that SILVIO 96 F 136513
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 18 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GREYHOUND FRIENDS OF NJ</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>CHERRY HILL, NJ 08034</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>CHRIS FULCHINO</u> Company <u>SELF</u> Driver's license # <u>017-68-5840</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-18-09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that RIDE HOME 75 E 133955
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ROSEANN WEEKS of P.O. BOX 466
(Printed name of owner) (Street address)

SALINA KS 67402, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 125 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>RYAN FARMS</u> (track, institution, agency, individual) Address: <u>2230 DEER RD</u> (Street address) <u>ABILENE, KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name BOB MESSENER

Company _____

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 1-25-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/31/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that RUBIO 56C 137513
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by LESLIE RYAN of 2191 EDEN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1 2 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>FLAGER GREYHOUND TRACK</u> (track, institution, agency, individual) Address: <u>401 NW 38TH CT</u> (Street address) <u>MIAMI, FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name JOHN DICKERSON

Company _____

Driver's license # D 252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 1-2-09
(Signature of trainer/kennel operator) (Date)

MARC ESTBICHT, [Signature], 1/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that PRINCESS FIOMA 95C 134526
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 10 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>WAG Inc.</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 1114</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>GLASTONBURY, CT 06033</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name LINDA JENSEN

Company Self

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 7-10-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, MAR, 7-17-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHAIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that QUICK FREEZE 77E-143365
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHAIN of 124 CHESTNUT FARM
(Printed name of owner) (Street address)

Raynham MA 02707, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 1 27 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>WAG</u> (track, institution, agency, individual) Address: <u>P.O. Box 1114</u> (Street address) <u>GLASTONBURY, CT 06033</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHAIN

Company RYAN RACING

Driver's license # 7402728 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chain 11-27-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-28-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"

(Affiliation, title)

(Method of euthanasia)

(Method of disposition of body)

Signed under the pains and penalties of perjury,

Michael T. Cunningham

Sarah Anne
(Signature of trainer/driver operator)

12/26/09
(Date)

(Printed name of witness (MSRC Inspector))

Michael T. Cunningham
(Signature of Witness/MSRC Inspector)

12/26/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kay Fink Faxon 41768 137C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pauline O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miami FL 33014, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 19, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>831 N. Federal Highway</u> (Street address) <u>Hollywood, FL 33009</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company SELF

Driver's license # 252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____ 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham _____ 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeruf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Carzal 125C 135686
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.E. Cryer of Rt 1 Box 225
(Printed name of owner) (Street address)

Lee FL 32059, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 128 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 N. Congress Ave</u> (Street address) <u>West Palm Beach FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaskie

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Malboeruf, 12-23-0
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 1/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Farmasee 17D / 40925
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W. H. O'Donnell of 23 Sparhawk Rd.
(Printed name of owner) (Street address)

Lynn Ma 01905 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 28 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Southland Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1550 N. Ingram Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Memphis Ar. 72301</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT
Name <u>John O'Donnell</u>
Company <u>No. Shore</u>
Driver's license # <u>546871660</u> State <u>Ma</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Brassrat 18B 145435
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O' Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 128 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Southland Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1550 N. Ingram Blvd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Memphis AR 72301</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John O' Donnell

Company No. Shore

Driver's license # S46871660 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeruf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Allstun 18E 145573
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 128 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Southland Park</u> (track, institution, agency, individual) Address: <u>1550 N. Ingram Blvd.</u> (Street address) <u>West Memphis Ar- 72301</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John O'Donnell

Company No Shore

Driver's license # 546871660 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeruf 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/28
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Jumpin Josephine 86 J. 139308
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.E. Cryer of Rt-1 Box 225
(Printed name of owner) (Street address)

Lee FL. 32059, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 128 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Southland Park</u> (track, institution, agency, individual) Address: <u>1550 N. Ingram Blvd</u> (Street address) <u>West Memphis Ar. 72301</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John O'Donnell

Company NO-Shore

Driver's license # 546871660 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham [Signature] 12/26
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Meikle 126C 140687
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W-H. O'Donnell of 23 Sparkhead Rd.
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 28 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Southland Park</u> (track, institution, agency, individual) Address: <u>1550 N. Ingram Blvd.</u> (Street address) <u>West Memphis Ar 72301</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>John O'Donnell</u> Company <u>No. Shore</u> Driver's license # <u>546871660</u> State <u>Ma.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, [Signature], 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Vinella 174 140844
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W-H. O' Donnell of 23 Sparkhead Rd.
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 128 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Southland Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1550 No Ingram Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Memphis Ar 72301</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John O' Donnell

Company No. Shore

Driver's license # 546871660 State Ma.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham
(Signature of Witness) MSRC Inspector

12/20/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Greys Carbon Copy 75 D 133892
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Donald Grissom of 1034 Emerald Bay Rd Box 134
(Printed name of owner) (Street address)

Southlake Tahoe Ca. 96150, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 28 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Tri-state Greyhound Park</u> (track, institution, agency, individual) Address: <u>North 1 Greyhound Drive</u> (Street address) <u>Cross Lanes, WV 25356</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Malboeuf, 12-23-09
 (Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) 12/26 (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that SyKora 127G-145179
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/29/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 N. Congress Ave</u> (Street address) <u>West Palm Beach FL 33409</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Harold Emerson</u> Company <u>No. Shore</u> Driver's license # _____ State <u>N.H.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/26/09
(Signature) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Mischar 47A 141976
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 29 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 No Congress Ave</u> (Street address) <u>West Palm Beach FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT	
Name <u>Harold Emerson</u>	
Company <u>No. Shore</u>	
Driver's license # <u>002500721</u>	State <u>N.H.</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia)	(Affiliation, title)
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rogue Jupiter 127E145181
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 29 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 No. Congress Ave</u> (Street address) <u>West Palm Beach FL 33409</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Harold Emerson</u> Company <u>No. Shore</u> Driver's license # <u>002500721</u> State <u>N.H.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that KAZUKO 77 F 143335
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12.26.09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that LITTLE DOLL 95C 134839
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 26 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>GPA - MASSACHUSETTS</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 1495</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>MIDDLEBORO, MA 02346</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name HENRY CHIN

Company Ryan Racing

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness, MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that ASKA BRONCO 87 E 143854
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAUN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 126 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>PALM BEACH TRACIC</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N. CONGRESS AVE</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham, 12/26/09
(Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that COMIC PAGE 66 D 138379
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM WAY
(Printed name of owner) (Street address)

RAYNHAM MA 02707, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 26 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N. CONGRESS AVE</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Cimmarron 31828 145 B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1240 Riverside Dr
(Printed name of owner) (Street address)

Seymour WI 54173, who last raced at Rapaham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 25 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>ROAR Inc</u> (track, institution, agency, individual) Address: <u>Rapaham Ma Pach 1376</u> (Street address) <u>Rapaham Ma 02767</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name _____	
Company _____	
Driver's license # _____ State _____	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/25/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael Cunningham 12/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Raymond 26E 136476
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenetta of 1240 Riverside Dr
(Printed name of owner) (Street address)

Seamew WV 54173 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 127 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Roar Inc</u> (track, institution, agency, individual) Address: <u>Rayham Park</u> (Street address) <u>Rayham MA 02767</u> (City/town, State, Zip)
TRANSPORT AGENT Name _____ Company _____ Driver's license # _____ State _____	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 12/25/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector))
Michael T. Cunningham, 12/25/09
(Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Storm 65D 133168
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NJ Storch of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene Ks 67410 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 1 / 1
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Roar Inc</u> (track, institution, agency, individual) Address: <u>Rayham Park</u> (Street address) <u>Rayham Ma 02767</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name _____	
Company _____	
Driver's license # _____ State _____	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/25/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 01/25/10
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that SPY AGENT 776 143335
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM WAY
(Printed name of owner) (Street address)

RAYNHAM MA 02767, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 26 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Henry Chin, 12.26.09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that MEGA MARTIN 107A 144425
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by JEFF COLE of 2330 DAISY RD
(Printed name of owner) (Street address)

SOLOMON KS 67480, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 26 / 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual)</p> <p>Address: <u>1111 N. CONGRESS AVE</u> (Street address)</p> <p><u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>ANDY SARRAS</u></p> <p>Company <u>SELF</u></p> <p>Driver's license # <u>512 203 103</u> State _____</p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CHE MAR DEBB 46A 13759
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by GERALD MARTEN of 20394 S. HWY 75
(Printed name of owner) (Street address)

SCRANTON KS 66537, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 26 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CERVICHE 26 H 136521
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAUN RD
(Printed name of owner) (Street address)

ABILEVE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 26 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>CONNECTICUT - G PA</u> (track, institution, agency, individual) Address: <u>P.O. BOX 900</u> (Street address) <u>AVON, CT 06001</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>LINDA JENSEN</u> Company <u>SELF</u> Driver's license # <u>214718744</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

_____	_____
(Name of person who performed euthanasia)	(Affiliation, title)
_____	_____
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham, 12/26/09
(Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CITY BLOCK 72D 143365
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM WAY
(Printed name of owner) (Street address)

RAYNHAM MA 02767, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>KEYSTONE - GPA</u> (track, institution, agency, individual) Address: <u>1406 HARCOURT DR</u> (Street address) <u>HARRISBURG, PA 17110</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that BUGTUSSE SHAW 17A 140972
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by BUDDY SCITERN of 11172 FM 908
(Printed name of owner) (Street address)

ROCKDALE TX 76567, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 126 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
 Michael T. Cunningham (Signature of trainer/kennel operator) (Date)
Michael T. Cunningham (Signature of Witness) MSRC Inspector 12/26/09 (Date)
 (Printed name of witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CRUZE CHANNEL 66G 138379
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM WAY
(Printed name of owner) (Street address)

RAYNHAM MA 02767, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GREYHOUNDS GRR</u> (track, institution, agency, individual) Address: <u>P.O. Box 572</u> (Street address) <u>CROSS RIVER, NY 10518</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company Ryan Racing

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that DUBLIN SHANEA 37C 141553
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by EAGLE KENNEL of P.O. Box 82
(Printed name of owner) (Street address)

PROVIDENCE RI 02901, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 26 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE.</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that NERGIS 76D 138872
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAUN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 26 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/26
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that SMOOTH COSMO 56A 137802
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KEN RICHARD of 19 OAK HILL AVE
(Printed name of owner) (Street address)

N. SMITHFIELD RI, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203105 State MA

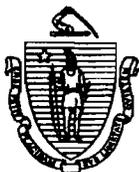
* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that TEMPEST AT SEA 46F137515
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

A BILLINE MA 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 26 / 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>PEACH BEACH TRACK</u> (track, institution, agency, individual)</p> <p>Address: <u>1111 N. CONGRESS AVE</u> (Street address)</p> <p><u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>ANDY SARRAS</u></p> <p>Company <u>SELF</u></p> <p>Driver's license # <u>512263103</u> State <u>MA</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that OH BOYO BAMA 47E 142103
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by COLEEN PACE of 10 LENNON RD
(Printed name of owner) (Street address)

LINCOLN RI 02865, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 26 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE.</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SIERRA

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

(Signature of Witness) MSRC Inspector

12/26/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that ASKA BRAVO 87 B 193854
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 26 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>ANDY SARRAS</u> Company <u>SELF</u> Driver's license # <u>512203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that DA VINCI 77A 143452
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2856 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 26 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that STEAMIN PEACH 107A 144552
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 126 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N. CONGRESS AVE</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham 12/26/09
(Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that MING MU 26 F 136595
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by PAUL CONTI of 57 PEACH ORCHARD RD
(Printed name of owner) (Street address)

BURLINGTON MA 01803, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 126 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>ANDY SARRAS</u> Company _____ Driver's license # <u>512203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 1/2/10
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that ALALA 66E 138449
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH</u> (track, institution, agency, individual) Address: <u>111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>ANDY SARRAS</u> Company <u>Self</u> Driver's license # <u>512203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12.26.09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that OZARK PEARL 97E 144089
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CLINTON BLAIR of 10160 ~~AB~~ THUNDER MT. RD.
(Printed name of owner) (Street address)

FAYETTEVILLE AR 72701, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>ANDY SARRAS</u> Company <u>Self</u> Driver's license # <u>512 203 103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
 Michael T. Cunningham (Signature of trainer/kennel operator) (Date)
 _____, Michael T. Cunningham, 12/26/09
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Share Wish 46D, 37535
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 31 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ROAR Inc.</u> (track, institution, agency, individual) Address: <u>Raynham Pk. Rt. 138</u> (Street address) <u>Raynham Ma.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name _____

Company _____

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/24/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael Cunningham 12/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Nitro No Regrets 97A, 41826
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alan Piper of 1526 E 100th Av. N.
(Printed name of owner) (Street address)

Belle Plaine Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 31 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ROAR Inc.</u> (track, institution, agency, individual) Address: <u>Raynham Pk. Rt. 138</u> (Street address) <u>Raynham Ma.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name _____

Company _____

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Stenata 12/24/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that ADF Danny 67A 142855
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Frank DiFeno Sr. of 35 Hidden Lake Drive
(Printed name of owner) (Street address)

Burr Ridge IL 60527, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 28 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Kevin Blaskie</u> Company <u>Silver Bullet</u> Driver's license # <u>444622621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/23/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Moose n Squirrel 28 B 145686
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W. H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 128 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham [Signature] 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboenf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Ryan Henson 46B 137378
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Daniel Ryan of 181 Robinson Ave
(Printed name of owner) (Street address)

Pawtucket RI 02861, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 1 / 28 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 N. Congress Ave</u> (Street address) <u>West Palm Beach FL-33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

_____	_____
(Name of person who performed euthanasia)	(Affiliation, title)
_____	_____
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboenf, 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 1/2/10
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Sa Bar Starr 97A-143996
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James Allen of 30699 WCR 12900
(Printed name of owner) (Street address)

Kinta OK 74552 who last raced at Rayham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 128 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N. Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Malboeuf, 12-23-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, [Signature], 12/23/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJOTOKOGO 48E 146295
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ALJO Kennel</u> (track, institution, agency, individual) Address: <u>10 Pine St</u> (Street address) <u>Raynham, MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Joyce Smith 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham 12/19/09
(Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Donna 450811170
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Suamico WI 54173 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 12 11 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Finger Face Track</u> (track, institution, agency, individual)</p> <p>Address: <u>401 HW 18</u> (Street address)</p> <p><u>WV</u> <u>26036</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickerson</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>D252473622290</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO typhoon 48B.146295
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/19/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ALJO Kennel</u> (track, institution, agency, individual) Address: <u>10 Pine St</u> (Street address) <u>Raynham, MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham, 12/20/09
(Signature of Witness) (MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Atomic KCGO 48D.146295
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine
(Printed name of owner) (Street address)

Raynham MA 02767, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Joyce Smith ALJO</u> (track, institution, agency, individual) Address: <u>10 Pine St</u> (Street address) <u>Raynham, MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael Cunningham, 12/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Stormy 48A, 46295
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 19, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ALJO Kennel</u> (track, institution, agency, individual) Address: <u>10 Pine St</u> (Street address) <u>Raynham MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, [Signature], 12/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALSO Days Go by 127A145138
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALSO Kennel of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 19, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ALSO Kennel</u> (track, institution, agency, individual) Address: <u>10 Pine St</u> (Street address) <u>Raynham, MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Joyce Smith</u> Company <u>ALSO Kennel</u> Driver's license # <u>012 446431</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith, 121909
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Over Song 127D, 45138
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joyce Smith of 10 Pine St
(Printed name of owner) (Street address)

Raynham MA 02767, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/19/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>ALJO Kennel</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>10 Pine St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Raynham, MA 02767</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 44 6431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, [Signature] 12/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sav's Goose 97F 144234
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 20 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/17/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael Cunningham 12/26/09
(Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sau's Sprawl 979 144234
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 120 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Whitman Bonita Springs Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company Sc IF

Driver's license # D-252-493-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Intermitt 12/17/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz On Fire 127 B 145075
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1201 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State FL.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/17/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sturz Pistol 16 B 136291
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 20 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-352-473-62229-0 State Fl.

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/17/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham 12/26/09
(Signature of Witness) MSRC Inspector (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hollo Dream Acre 97A 144226
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pauline O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miami FL 33014, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 19, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>831 N. Federal Highway</u> (Street address) <u>Hollywood, FL 33009</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company SCIF

Driver's license # 252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael T. Cunningham 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa More IPOD 86H 139360
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pauline O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miami FL 33014 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 19, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>831 N. FEDERAL Highway</u> (Street address) <u>Hollywood, FL 33009</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company SELF

Driver's license # 252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

[Signature] 12/26/09
(Signature of witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alexis Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Hill Barry 116B, 40288
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pauline O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miami FL 33014, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 19, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>831 N. Federal Highway</u> (Street address) <u>Hollywood, FL 33009</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company SCIF

Driver's license # 252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham [Signature] 12/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Abandon Cart 8 II 143986
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Hume of PO Box 136
(Printed name of owner) (Street address)

Keota OK 74941 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 130 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Robert Hume</u> (track, institution, agency, individual) Address: <u>PO Box 136</u> (Street address) <u>Keota OK 74941</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kenn Blasko

Company Silver bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

[Signature] 12/20/09
(Signature of Witness/MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Am's Coral 36015, 125E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dr Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 7366 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 28 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32576</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarrett

Company SELF

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness, MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Tapco Choclaw 57 D 142675
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tom Toplin of 1931 Hawk Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/20/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company DEIF

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/17/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sol Henrietta 25E 131178
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 20 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, A. Fortunato 12/17/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Nitro Dave Devil 37A 141642
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alan Piper of 1526 E. 100th Av. N.
(Printed name of owner) (Street address)

Belle Plaine Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 20 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Kenn. Club</u> (track, institution, agency, individual) Address: <u>10601 Gandy Blvd.</u> (Street address) <u>St. Petersburg Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company S & L F

Driver's license # D-252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/16/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/20/09
(Printed name of witness (MSRC Inspector)) (Signature of witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Lets Ride 37D 41803
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Roxham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 20 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Ken. Club.</u> (track, institution, agency, individual) Address: <u>10601 Gandy Blvd.</u> (Street address) <u>St. Petersburg Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT	
Name <u>John Dickenson</u>	
Company <u>SELF</u>	
Driver's license # <u>D-252-473-62-229-0</u> State <u>Fl.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia)	(Affiliation, title)
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Internato 12/16/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector))
Michael T. Cunningham 12/16/09
(Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Zachary 107D 144491
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of Rt. 2 Box 46
(Printed name of owner) (Street address)

Frederick OK who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1201 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg Ken. Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Gandy Blvd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-779-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____
(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur Fortunato 01/16/09
Michael T. Cunningham (Signature of trainer/kennel operator) (Date)

(Printed name of witness (MSRC Inspector)) Michael P. [Signature] 12/21/09
(Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Blue Bird 36514 260
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Suamico Wi 54173 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/21/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Flyper Race Track</u> (track, institution, agency, individual) Address: <u>401 NW 18th Ct</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickerson</u>	
Company <u>SELF</u>	
Driver's license # <u>D252473622290</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/19/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham 12/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) (MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Airborne 39407, 96F
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

JUAMICO WI 54173 who last raced at KAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 21 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Floyler Race Track</u> (track, institution, agency, individual) Address: <u>401 NW 184th Ct</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D252473622290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, [Signature], 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Avon 46465 148B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Suamico WI 54173 who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 12 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Flagler Race Track</u> (track, institution, agency, individual) Address: <u>401 NW 18th St</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>John Dickerson</u> Company <u>SEIF</u> Driver's license # <u>D252473622290</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 12/21/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector))
Michael T. Cunningham, 12/21/09
(Signature of Witness, MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Madison 46454148E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Juanico Wi 54113 who last raced at Kaunham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 12 109
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Flyler Race Track</u> (track, institution, agency, individual)</p> <p>Address: <u>401 NW 18th St</u> (Street address) <u>Miami Florida 33136</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickerson</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>D252473622290</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Will Do 115B, 135494
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Krenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Suamico WI 5473 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/12/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Floyler Race Track</u> (track, institution, agency, individual) Address: <u>401 NW 18th St</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickerson

Company Self

Driver's license # D-252-473-62229 (State) FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham 12/20/09
(Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Christine 1260140646
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1232 Riverside Dr
(Printed name of owner) (Street address)

Swamico WI 54173 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/21/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Flyler Race Track</u> (track, institution, agency, individual) Address: <u>401 NW 18th St</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>John Dickerson</u> Company <u>Self</u> Driver's license # <u>D252473622290</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:
 _____ (Name of person who performed euthanasia) _____ (Affiliation, title)
 _____ (Method of euthanasia) _____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/19/09
 (Signature of trainer/kennel operator) (Date)
Michael T. Cunningham 12/21/09
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Joyce Smith of Kennel # 31
(Printed name of trainer/kennel operator)

Swear and affirm that ALJO Tornado 48C, 46295
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ALJO Smith of 10 Pine St
(Printed name of owner) (Street address)

10 Pine St MA 02767 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Joyce Smith ALJO</u> (track, institution, agency, individual) Address: <u>10 Pine St</u> (Street address) <u>Raynham, MA 02767</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joyce Smith

Company ALJO Kennel

Driver's license # 012 446431 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Joyce Smith 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Starcrunch Billy 46F137225
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 28, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Melbourne</u> (track, institution, agency, individual) Address: <u>1100 N Wickham Rd</u> (Street address) <u>Melbourne FL 32935</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Don Tarett</u> Company _____ Driver's license # <u>JK3018S44124D</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/18/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Saran Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that ~~RA's~~ RA's Rock Island 36A, 36610
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Rich Travaiglione of PO Box 3371
(Printed name of owner) (Street address)

Nantucket MA 02584, who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 28, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach</u> (track, institution, agency, individual) Address: <u>1111 Noah Congress Ave</u> (Street address) <u>W Palm Beach FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarrett

Company Self

Driver's license # 0630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 12/18/09
 Michael T. Cunningham (Signature of trainer/kennel operator) (Date)
[Signature], 12/26/09
 (Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Telfon John 676 142873
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 28 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Melbourne</u> (track, institution, agency, individual) Address: <u>1100 N Wickham Rd</u> (Street address) <u>Melbourne FL 32535</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Don Jairett</u> Company <u>Self</u> Driver's license # <u>1630185441 290</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arora 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T Cunningham 12/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Rachel 26B, 36476
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frevette of 1240 Riverside Dr
(Printed name of owner) (Street address)

Swamico WI 54173 who last raced at Kaylham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 26 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Hollywood</u> (track, institution, agency, individual) Address: <u>831 N Federal Highway</u> (Street address) <u>Hallendale Fl 33009</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Doherty

Company Self

Driver's license # D252473622290 State Fl

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/22/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham 12/22/09
(Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CANDY BOX 77A 143335
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by HENRY CHIN of 124 CHESTNUT FARM WAY
(Printed name of owner) (Street address)

RAYNHAM MA 02767, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 26 / 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p align="center">RECIPIENT/FACILITY</p> <p>Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual)</p> <p>Address: <u>1111 N. CONGRESS AVE</u> (Street address)</p> <p><u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>ANDY SARRAS</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>512203103</u> State <u>MA</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12.26.09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness, MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that LUXOR 107D 14451
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNY RYAN of 2156 FAUN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 26 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual)</p> <p>Address: <u>1111 N. CONGRESS AVE</u> (Street address)</p> <p><u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>ANDY SARRAS</u></p> <p>Company <u>SELF</u></p> <p>Driver's license # <u>512203103</u> State <u>MA</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that ASKA BUSBY 87A 143854
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ADILENE KS 67410, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SARRAS

Company Self

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) (MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that CMON MIXITUP 366 136811
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by FYNMORE KENNELS of RT. 1 BOX 199A
(Printed name of owner) (Street address)

TRIDELPHIA WV 26059, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 26 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SARRAS

Company Self

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, [Signature], [Date]
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that OLIVER STONE 96F 139569
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by BERNIE COLLETTE of 2247 DEER RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N CONGRESS AVE</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name ANDY SARRIS

Company Self

Driver's license # 312 263 103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # R2
(Printed name of trainer/kennel operator)

Swear and affirm that STARR BMW 87C 144049
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 26 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N. CONGRESS AVE</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name ANDY SARRAS

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 12.26.09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that STARZ Dee 75L, 33876
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NJ Sherek of 2228 FAIR Rd
(Printed name of owner) (Street address)

Abilene Ks 67410 who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 123 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Trail</u> <small>(track, institution, agency, individual)</small> Address: <u>831 N Federal Highway</u> <small>(Street address)</small> <u>Hallandale Florida 33009</u> <small>(City/town, State, Zip)</small>

TRANSPORT AGENT

Name John Dickerson

Company SELF

Driver's license # D25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

_____ (Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Michael Boyd 12/23/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Regal Round Table 1166 140416
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fred Fulechino of 283 Orchard Hill Rd
(Printed name of owner) (Street address)

Romney Center CT 06259, who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 12 2009
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input checked="" type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Fred Fulechino</u> (track, institution, agency, individual)</p> <p>Address: <u>283 Orchard Hill Rd</u> (Street address)</p> <p><u>Romney Center CT 06259</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Chris Fulechino</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>017688840</u> State <u>CT</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 12/22/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Monica 115 D, 35550
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N J Sheekh of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene Ks 67410, who last raced at Raymond
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/26/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples Fair Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Springs Rd</u> (Street address) <u>Bonita Springs Fl 33923</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Duberson

Company S-e I F

Driver's license # D253473622290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Michael Boyd, 12/25/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that ATASCOCITA GAYLA 96E 139630
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Atascocita Racing of 19919 Pinehurst Tr Dr
(Printed name of owner) (Street address)

Humble Tx 77346, who last raced at Roughhorn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Waples Ford Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd</u> (Street address) <u>Bonita Springs Fl 33923</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dehewer</u> Company <u>SELF</u> Driver's license # <u>D252473622290</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 12/22/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness, MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Shane bit 46C 137535
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NT Sperk of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene Ks 67410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 22 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples-Ford Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd</u> (Street address) <u>Bonita Springs Fl 33923</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickerson</u> Company <u>SELF</u> Driver's license # <u>D252473622290</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/22/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham 12/26/09
(Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Alcindor 45A-132221
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1240 Riverside Dr
(Printed name of owner) (Street address)

Swansea WI 54173 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/26/09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Hollywood Race Track</u> (track, institution, agency, individual)</p> <p>Address: <u>831N Federal Highway</u> (Street address) <u>Hallendale FL 33009</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickerson</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>D252473622290</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/22/09
(Signature of trainer/kennel operator) (Date)

Michael J. Cunningham Michael J. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that OZARK RUBY 97D 144089
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CLINTON BLAIR of 10160 THUNDER MT. RD
(Printed name of owner) (Street address)

FAYETTEVILLE AR 72701, who last raced at RAYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 1 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual) Address: <u>1111 N. CONGRESS AVE</u> (Street address) <u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ANDY SARRAS

Company Safe

Driver's license # 512 203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

Michael T. Cunningham, 12/26/09
(Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that BACKPACKER 95E 134526
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 26 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>HEIDI DOHERTY</u> (track, institution, agency, individual) Address: <u>125 PLYMOUTH ST</u> (Street address) <u>MIDDLETOWN, MA 02346</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING

Driver's license # 7402728 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin, 12-26-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 12
(Printed name of trainer/kennel operator)

Swear and affirm that SUPER C ELLEN 46 F 137257
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by JEFF COLE of 2330 DAISY RD
(Printed name of owner) (Street address)

SOLOMON KS 67480, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 126 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>PALM BEACH TRACK</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N. CONGRESS AVE</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. PALM BEACH, FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name ANDY SARRAS

Company Self

Driver's license # 512203163 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 12.26.09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Dominator 4367187A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frevette of 1240 Riverside Dr
(Printed name of owner) (Street address)

Sussex WI 5473 who last raced at Raeford
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Hollywood</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>831 W Federal Highway</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Hallandale Florida</u> (City/town, State, Zip) <u>33009</u>
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Duherson

Company SELF

Driver's license # D252473622290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/22/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector 12/26/09 (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that STARZ Afterglow 97D 142347
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NT Sherrick of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene Ks 67410, who last raced at Reynolds
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/26/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood</u> (track, institution, agency, individual) Address: <u>831 N Federal Highway</u> (Street address) <u>Hallandale Fl 33009</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>John Dickerson</u> Company <u>SELF</u> Driver's license # <u>D252413622290</u> State <u>Fl</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/22/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Atascocita Eddy 47B 142022
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by 19919 Riverhurst Dr of Atascocita Racing
(Printed name of owner) (Street address)

Humble Tx 77346, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Hollywood</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>831 N Federal Highway</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Hollandale Fl 33009</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickerson

Company Self

Driver's license # D252473622290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/22/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Dodger 126A 140548
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1240 Riverside Dr
(Printed name of owner) (Street address)

Sumner WV 54173 who last raced at Rayburn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 126 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood</u> (track, institution, agency, individual) Address: <u>831 N Federal Highway</u> (Street address) <u>Hallandale 770 33009</u> (City/town, State, Zip)

TRANSPORT AGENT	
Name <u>John Dickerson</u>	
Company <u>SELF</u>	
Driver's license # <u>D252473622290</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/22/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))
Michael T. Cunningham 12/22/09
(Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Chiltern Champ 127C 145077
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Mark Glennerster of 7125 Carbine Ct
(Printed name of owner) (Street address)

Albuquerque NM 87109 who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 28 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Melbourne</u> (track, institution, agency, individual) Address: <u>1100 N Wickham Rd</u> (Street address) <u>Melbourne FL 32935</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Don Jarrett</u> Company <u>SELF</u> Driver's license # <u>0630185 441240</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12/19/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham, Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that CV on the flipside 87F 143986
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Hume of PO Box 136
(Printed name of owner) (Street address)

Keota OK 74941 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 30 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Robert Hume</u> (track, institution, agency, individual) Address: <u>PO Box 136</u> (Street address) <u>Keota OK 74941</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blasko

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arera of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Unsilent majority 107H, 44441
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raunheon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 28, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Melbourne</u> (track, institution, agency, individual) Address: <u>1100 N Wickham Rd</u> (Street address) <u>Melbourne FL 32935</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jairett

Company SELF

Driver's license # J 630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arera, 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Comanche Princess 17A 141100
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 210
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 130 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Cinnamon Greyhound Farm</u> (track, institution, agency, individual) Address: <u>Rt 1 Box 112 B</u> (Street address) <u>Cleo Springs OK 73729</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tipsy Streaker W 67H 143188
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Leonard Wood of 4089 Cypress Bend
(Printed name of owner) (Street address)

Geneva FL 32730 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Jacksonville</u> (track, institution, agency, individual) Address: <u>1440 N McDuff</u> (Street address) <u>Jacksonville FL 32205</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarett

Company Self

Driver's license # T630186441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Yastrez emski 46F 037225
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>W Palm Beach FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarrett

Company SCIF

Driver's license # JL30185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Sarah Arena 12/18/09
 Michael T. Cunningham (Signature of trainer/kennel operator) (Date)
Michael T. Cunningham 12/18/09
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that FTK Never Quit 4611651 38D
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Sarvas of ~~109 N Main St~~ 147 ^{count} ^{aired}
(Printed name of owner) (Street address)

~~Waltham~~ Wheeling MA 02603, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 28 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Melbourne</u> (track, institution, agency, individual) Address: <u>1100 N Wickham Rd</u> (Street address) <u>Melbourne FL 32935</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarett

Company SELF

Driver's license # 1E30185441240 State FL

* Complete if method of disposition was euthanasia:



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rogue O'Neill 57F 143716
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W. H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01925, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>John O'Donnell</u> Company <u>No. Shore</u> Driver's license # <u>S46871660</u> State <u>Ma</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-4-09
(Signature of trainer/kennel operator) (Date)

WTC Cunningham [Signature] 11-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rogue O' Riain 576 143716
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 10 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Lincoln Greyhound Park</u> (track, institution, agency, individual) Address: <u>1600 Louisguisset Pike</u> (Street address) <u>Lincoln RI 02865</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William Malboeuf

Company North Shore

Driver's license # S91702932 State ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 3-6-09
(Signature of trainer/kennel operator) (Date)

MARC FERRARI, 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeff of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rogue Saboteur 46B 137141
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H.O. Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John O' Donnell

Company No Shore

Driver's license # 546871660 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeff, 11-4-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11/4/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rogue Shroud 17C 141058
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fred Schunmann of 4014 Ne 23rd place
(Printed name of owner) (Street address)

Ocala FL 34470 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 1 19 02
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Dayton Beach Kennel Club</u> ^(Rich Alves) (track, institution, agency, individual)</p> <p>Address: <u>2201 Volusia Ave</u> (Street address)</p> <p><u>Daytona Beach FL 32014</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Don Jaiette

Company Jaiette Hauling

Driver's license # J630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 9-18-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 9/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malhoen of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rogue Take Over 37E 1 41521
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd.
(Printed name of owner) (Street address)

Lynn. Ma 01905, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 130 109
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p align="center">RECIPIENT/FACILITY</p> <p>Name: <u>Lincoln Park</u> <i>(Steve Perkins No. Shore Kennel)</i> (track, institution, agency, individual)</p> <p>Address: <u>1600 Louisquisset Pike</u> (Street address)</p> <p><u>Lincoln, RI 02865</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name William Malhoen

Company No. Shore Kennel

Driver's license # 591702932 State Ma

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malhoen, 7-24-09
(Signature of trainer/kennel operator) (Date)

Laurie Rooney, Laurie Rooney, 7-24-09
(Printed name of witness (MSRC Inspector) Chief) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rogue Vanquish 37G 141521
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma. 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 / 18 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of N.J.</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>Cherry Hill N.J. 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blasko

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 7-24-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbody, Alexandra Lightbody, 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rogue Vendetta 17E141077
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fred Schunmann of 4014 Ne 23rd Ave
(Printed name of owner) (Street address)

Ocala FL 34470, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 / 18 / 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p align="center">RECIPIENT/FACILITY (Rich Alves)</p> <p>Name: <u>Daytona Beach Kennel Club</u> (track, institution, agency, individual)</p> <p>Address: <u>2201 Volusia Ave</u> (Street address)</p> <p><u>Daytona Beach FL 32014</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Don Jairett

Company Jairett Hauling

Driver's license # J630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 9-18-09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham, 9/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rogue Vengeance 41077 400771 17D
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fred Schunmann of 4014 Ne 23rd Place
(Printed name of owner) (Street address)

Ocala FL 34470, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY (Rec'd Alive)
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Daytona Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>2201 Volusia Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Dayton Beach FL-32014</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Don Jarette

Company Jarette Hauling

Driver's license # J630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 9-18-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 9/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Maloney of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Samuel Pendley 43996 197C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James Shea of 30609 WCR 12900
(Printed name of owner) (Street address)

Kinda OK 7552, who last raced at Roxbury
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 19 / 00
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>Sarasota FL 34234</u> (Street address) <u>5400 Bradenton Rd.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William B. Dwyer

Company W. Shore

Driver's license # 0702W50281 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Maloney, 11-21-00
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-00
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboenf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Sa Bar Rippetoe 97J143996
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James Allen of 30699 WCR 12900
(Printed name of owner) (Street address)

Kinta OK 74552 who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 16 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Bradenton Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John O'Donnell

Company No. Shore

Driver's license # 546871660 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboenf 11-4-09
(Signature of trainer/kennel operator) (Date)

MT Cunniff [Signature] 11-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malbouf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Saressa 76C 138788
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 0195 who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1 2 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<u>a</u> 1. Relocated to another track	Name: <u>W Palm Beach Kennel Club</u> (track, institution, agency, individual)
2. Returned to owner	Address: <u>1111 N Congress Ave</u> (Street address)
3. Retired for breeding	<u>W. Palm Beach FL. 33409</u> (City/town, State, Zip)
4. Placed for adoption	
5. Sold/donated for research	
6. Other	
7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Harold Emerson

Company North Shore Kennel

Driver's license # 002500721 State NH

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malbouf, 12-31-09
(Signature of trainer/kennel operator) (Date)

Mike Cunningham, [Signature], 1-3-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Sarasota 18G 145518
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Bradenton Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name William Malboeuf

Company No. Shore

Driver's license # 070LW561281 State N.H.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-21-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Seadra 660 138247
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 2 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 N Congress Ave</u> (Street address) <u>W. Palm Beach FL - 33409</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Harold Emerson</u> Company <u>North Shore Kennel</u> Driver's license # <u>002500781</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-31-08
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 1-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that TALSTA 556 132570
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by WHO DONNELL of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905 who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 01/18/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input checked="" type="checkbox"/> 6. Other <u>Heart Attack</u> <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Bristol County Animal Clinic</u> (track, institution, agency, individual) Address: <u>Broadway</u> (Street address) <u>Raynham MA 02167</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William Malboeuf

Company Northshore Kennel

Driver's license # S 917 02932 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 2-27-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Taryn 66B 138247
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by William O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Ct. Greyhound Adoption</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>127 Pinney Hill Rd</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Wilmington Ct.</u> (City/town, State, Zip)
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Kim Reese

Company Ct Greyhound Adoption

Driver's license # 18994079 State PA.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-18-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

12/18/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Taryn 66B 138247
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905 who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 21 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. Palm Beach FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Harold Emerson</u>
Company <u>North Shore Kennel</u>
Driver's license # <u>002500701</u> State <u>NH</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-31-08
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 1-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that TOLY BAR 55A 132774
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O DONNELL of 23 SPARHAWK Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 6 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wonderland Greyhound Park Compound</u> (track, institution, agency, individual) Address: <u>1147 Revere Western Ave</u> (Street address) <u>Lynn MA 01905</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Donna Hahn</u> Company <u>North Shore Kennel</u> Driver's license # <u>S94399203</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf 10-24-09
(Signature of trainer/kennel operator) (Date)
MTC [Signature] 10-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Tunade 117C, 45178
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by William O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at R/T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 17 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>South Penn & Stone str.</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John O'Donnell

Company No. Shore Kennel

Driver's license # 546871660 State Ma.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-16-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Signature of Witness) MSRC Inspector

Michael T. Cunningham 12/16/09
(Printed name of witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Wild Gracie Baby 46C 137469
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Randall L. Crabtree of 183 Four Wheel Dr.
(Printed name of owner) (Street address)

Wheeling W. Va. 26003, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 17 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>William O'Donnell</u> (track, institution, agency, individual) Address: <u>1147 near Western Ave</u> (Street address) <u>Lynn, Ma 01905</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William Malboeuf

Company No. Shore

Driver's license # 591702932 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-18-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Wild Worms 46 E 137469
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Randall L. Crabtree of 183 Four Wheel Dr.
(Printed name of owner) (Street address)

Wheeling W. Va. 26003, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>William O Donnell</u> (track, institution, agency, individual) Address: <u>1147 near Western Ave</u> (Street address) <u>Lynn Ma 01905</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William Malboeuf

Company No-Shore

Driver's license # S91702932 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Malboeuf, 11-18-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that WW Perfect drift 114E 12984
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Julia Ward of P.O. Box 487
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 127 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Julia Ward</u> (track, institution, agency, individual) Address: <u>P.O. Box 487</u> (Street address) <u>Abilene KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Chris Fulchino</u> Company <u>Fred Fulchino Hauling</u> Driver's license # <u>017-68-8840</u> State <u>RI</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 3-25-09
(Signature of trainer/kennel operator) (Date)

MARLE ESTERIN, [Signature], 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rogue Eclipse 17A 141058
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fred Schunmann of 4014 NE 23rd Place
(Printed name of owner) (Street address)

Ocala FL 34470 who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 1 20 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p align="center">RECIPIENT/FACILITY</p> <p>Name: <u>W. H. O'Donnell</u> <u>Wonderland Compound</u> (track, institution, agency, individual)</p> <p>Address: <u>1147 Rear Western Ave</u> (Street address)</p> <p><u>Lynn MA 01905</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name William Malboeuf

Company NorthShore Kennel

Driver's license # S91702932 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Donna Hal, 3-20-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICA, [Signature], 3/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Parkside Pete 39991176A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Coleen Pace of 10 Lennon Rd
(Printed name of owner) (Street address)

Lincoln RI 02865, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Lincoln Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1600 Louisquisset Pike</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Lincoln, RI, 02865</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name William Malboeuf

Company North Shore

Driver's license # 591702932 State ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 3-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Portland 55 J 132389
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by William O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn ma 01905 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 12 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY <u>Dianne Shadle</u></p> <p>Name: <u>Keyston Greyhounds (GPA)</u> (track, institution, agency, individual)</p> <p>Address: <u>1406 Harcourt Dr.</u> (Street address)</p> <p><u>Harrisburg, Pa. 17110</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Linda Jenson

Company SELF

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf 11-28-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-28-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Pyfie 45A 132258
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 130 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>W H O Donnell</u> <u>Wonderland Park Compound</u> (track, institution, agency, individual) Address: <u>1147 Rear Western Ave</u> (Street address) <u>Lynn MA 01905</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Donna Hahn</u> Company <u>North Shore Kennel</u> Driver's license # <u>594399203</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 10-24-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, MT, 10/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Donna Hahn of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rascal Flats 115 B / 1 35329
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fran Defino Sr of 35 Hidden Lake Dr
(Printed name of owner) (Street address)

Burr Ridge IL 60527 who last raced at _____
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Adoption Services</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>16 Tak Len Dr</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Salisbury ma 01952</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name William O'Donnell Jr

Company No Shore Kennel

Driver's license # 0706W51251 State NH

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Donna Hahn 12-14-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector)

12/19/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rayleigh 94A 129010
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Symbioun Farms of 1201 N. Van Buren
(Printed name of owner) (Street address)

Abilene
~~1201 N. Van Buren~~ Abilene ^{KS} 6740, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 1 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Lisa Packard</u> (track, institution, agency, individual) Address: <u>145 North Whitney St.</u> (Street address) <u>Amherst Ma. 01002</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Lisa Packard

Company Greyhound Options Inc.

Driver's license # 501436558 State ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 3-20-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Rogue Appollonia 66G 138257
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Micheal Ryan of P.O Box 487
(Printed name of owner) (Street address)

Abilene KS 67410 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 1 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sarasota kennel club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William O'Donnell

Company No. Shore

Driver's license # 070LW561872 State N.H.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Malboeuf, 11-21-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-28-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Luvya 115F 135640
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 130 109
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input checked="" type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p align="center">RECIPIENT/FACILITY</p> <p>Name: <u>W H O Donnell</u> <u>wonderland Park Compound</u> (track, institution, agency, individual)</p> <p>Address: <u>1147 Reel Western Ave</u> (Street address)</p> <p><u>Lynn MA 01905</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Donna Hahn</u></p> <p>Company <u>Northshore Kennel</u></p> <p>Driver's license # <u>S94399203</u> State <u>MA</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 10-24-09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham, [Signature], 10/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Luzee 4579 / 127E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Bradenton Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name William O'Donnell

Company No. Shore

Driver's license # 0702W561281 State N.H.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-21-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, MR, 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Marclyn 17D 140976
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N. Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. Palm Beach FL-33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Harold Emerson

Company N. Shore

Driver's license # 002500721 State N.H.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 1-1-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, _____, 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboen of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Mischar 47A 41976
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W-H O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 16 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Bradenton Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John O'Donnell

Company No-Shore

Driver's license # S46871660 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboen, 11-4-09
(Signature of trainer/kennel operator) (Date)

MTCunningham [Signature] 11-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 28
(Printed name of trainer/kennel operator)

Swear and affirm that Miss Fury 540 / 1 26391
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 / 130 / 109
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input checked="" type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>W H O'Donnell</u> <u>Wonderland Park Compound</u> (track, institution, agency, individual)</p> <p>Address: <u>1147 Rear Western Ave</u> (Street address)</p> <p><u>Lynn Ma 01905</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Donna Hehn</u></p> <p>Company <u>Northshore Kennel</u></p> <p>Driver's license # <u>MA 94399203</u> State <u>MA</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 10-24-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, 10/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Neffy 18A 145573
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 16 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>Sarasota, FL 34234</u> (Street address) <u>5400 Bradenton Rd.</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>John O'Donnell</u> Company <u>No. Shore</u> Driver's license # <u>546871660</u> State <u>Ma</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-4-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, 11-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Maitreux of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Novic 127 D, 45179
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by William C. Donnell of 23 Seabrook Rd
(Printed name of owner) (Street address)

Weymouth Ma 01981, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William C. Donnell

Company No Share

Driver's license # C70-2561281 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Maitreux, 11-21-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeff of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Neutral 27A 1 41060
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by WHD Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 1 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>WHD Donnell</u> <u>Wonderland Park Compound</u> (track, institution, agency, individual) Address: <u>1147 Reed Western Ave</u> (Street address) <u>Lynn MA 01905</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Dorcas Hahn

Company North Shore Kennel

Driver's license # 994399203 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

* Signed under the pains and penalties of perjury, [Signature] 10-24-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Orajan 17A 140925
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01903, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John O'Donnell

Company No. Share

Driver's license # 546871660 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-4-09
(Signature of trainer/kennel operator) (Date)

WTC [Signature] 11-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Orayan 17A 140925
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O DONNELL of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905 who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 2 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 W Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W Palm Beach FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT
Name <u>Harold Emerson</u>
Company <u>North Shore Kennel</u>
Driver's license # <u>062500721</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-31-08
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 1-14-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malbouet of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that ORKid 125D 135967
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by WH O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1 2 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>33409</u>
<input type="checkbox"/> 4. Placed for adoption	<u>W. Palm Beach Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Harold Emerald

Company North Shore Kennel

Driver's license # 002SD07211 State NH

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malbouet 12-31-08
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 1-1-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) (MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that KONVAAR 96B 139716
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H & DONNELL of 23 Sparhawk Rd
(Printed name of owner) (Street address)

LYNN MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. Palm Beach FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Harold Emerson</u>
Company <u>North Shore Kennel</u>
Driver's license # <u>002500721</u> State <u>NH</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia)	(Affiliation, title)
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-31-08
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, 1-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Korbit 87C 143535
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W-H-O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Hyam Ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 16 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd.</u> (Street address) <u>Sarasota, FL- 34234</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>John O'Donnell</u> Company <u>No. Shore Kennel</u> Driver's license # <u>546871660</u> State <u>Ma.</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-4-09
(Signature of trainer/kennel operator) (Date)

W. Cunningham, 11-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Kumel 54F 126554
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W-H-O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn ma. 01905, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Lincoln Greyhound Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1600 Louisquisset Pike</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Lincoln, RI - 02865</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name William Malboeuf

Company North Shore

Driver's license # 591702932 State ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 3-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRIN, _____, 3/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Leisel 286, 145686
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01805 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 1 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Brenton Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota FL - 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name William O'Donnell

Company No Shore

Driver's license # 070LW561281 State N.H.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Malboeuf, 11-21-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Hydur 17E 140976
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd.
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wonderland Compound</u> (track, institution, agency, individual) Address: <u>1147 near Western Ave</u> (Street address) <u>Lynn Ma 01905</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William Malboeuf

Company North Shore

Driver's license # S91702932 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 4-29-09
(Signature of trainer/kennel operator) (Date)

W. Cunningham [Signature] 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500. or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Katella 124G 130603
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 1 30 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Lincoln Park</u> <i>(Steve Perkins No. Shore Kennel)</i> (track, institution, agency, individual) Address: <u>1600 Louisquisset Pike</u> (Street address) <u>Lincoln, RI 02865</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>William Malboeuf</u> Company <u>No. Shore Kennel</u> Driver's license # <u>591702932</u> State <u>Ma</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 7-24-09
(Signature of trainer/kennel operator) (Date)

Laurette Rooney, Laurette Rooney, 7-24-09
(Printed name of witness (MSRC Inspector) Chief) (Signature of Witness) MSRC Inspector Chief (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Ketter 76B138788
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905 who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 2 / 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p align="center">RECIPIENT/FACILITY</p> <p>Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)</p> <p>Address: <u>1111 N Congress Ave</u> (Street/address)</p> <p><u>West Palm Beach FL 33409</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Harold Emerson</u></p> <p>Company <u>North Shore Kennel</u></p> <p>Driver's license # <u>002500721</u> State <u>MA</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf 12-31-08
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham [Signature] 1-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Konattist 1156 135529
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by WH O Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 05 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>WH O Donnell</u> <u>Wonderland Park Compound</u> (track, institution, agency, individual) Address: <u>1147 Rear Western Ave</u> (Street address) <u>Lynn MA 01905</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Donna Hahn</u> Company <u>Northshore Kennel</u> Driver's license # <u>594399203</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 10-24-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 10/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboerf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Konvaar 96B 139716
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn ma 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John O'Donnell

Company No. Shore

Driver's license # 546871660 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboerf, 11-4-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 11-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Donna Hahn of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Hostess 454 132125
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by WE Cryer of 3637 SE County Rd 255
(Printed name of owner) (Street address)

Lee FL 32059, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 1 / 2010
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue of Quebec</u> (track, institution, agency, individual) Address: <u>432 Hampton Ct</u> (Street address) <u>Dollard Des Ormeaux Quebec Canada</u> (City/town, State, Zip) <u>H9B 1L3</u>

TRANSPORT AGENT

Name Linda Jensen

Company Linda Jensen

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Donna Hahn, 12-18-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) 12/29/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Higy 55 A 1 32590
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O Donnell of 23 Spakhack Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at RIT
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 1051 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>W H O Donnell</u> <u>Wonderland Park Compound</u> (track, institution, agency, individual) Address: <u>1147 Reak Western Ave</u> (Street address) <u>Lynn MA 01905</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Donna Huhn

Company Northshore Kennel

Driver's license # S 94399203 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Malboeuf, 10-24-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 10/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Fikschar 96 B 1 39635
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at RST
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 06 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>W H O Donnell</u> <u>Wonderland Park Compound</u> (track, institution, agency, individual) Address: <u>1147 Reax Western Ave</u> (Street address) <u>Lynn MA 01905</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Donna Hahn

Company North Shore Kennel

Driver's license # 894399203 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Malboeuf, 10-24-09
(Signature of trainer/kennel operator) (Date)

M R Cunningham, [Signature], 10/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Fortzene 556, 32489
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O DONNELL of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 / 21 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Options (LISA PACKARD)</u> (track, institution, agency, individual) Address: <u>145 No Whitney St</u> (Street address) <u>Amherst MA 01002</u> (City/town, State, Zip)

TRANSPORT AGENT

Name LISA PACKARD

Company Greyhound Options

Driver's license # 501436558 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 6-20-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lighten, Jr, [Signature], 6/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Gabbatha 18D 145435
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by William ~~Malboeuf~~ O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01805, who last raced at R/T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>wheeling Downs</u> (track, institution, agency, individual) Address: <u>50 Penn + Stone Str.</u> (Street address) <u>wheeling W.V. 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John O'Donnell

Company No. Shore

Driver's license # 546871660 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-16-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

Michael T. Cunningham, 12/05/09
(Printed name of witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Grey's Matt Dillon 85F 134090
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Donald Grissom of P.O. Box 11618
(Printed name of owner) (Street address)

Zephyr Cove N.V. 89448, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel club</u> (track, institution, agency, individual) Address: <u>1111 N. Congress Ave</u> (Street address) <u>W. Palm Beach FL. 33409</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Harold Emerson</u> Company <u>N. Shore</u> Driver's license # <u>002500721</u> State <u>N.H.</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-10-09
(Signature of trainer/kennel operator) (Date)

MARLE ESTRICH, [Signature], 11/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Hayfana 127B, 45180
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by William O Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at R/T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 17 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>So. Penn + Stone str.</u> (Street address) <u>Wheeling WV. 26003</u> (City/town, State, Zip)

TRANSPORT AGENT
 Name John O' Donnell
 Company No. Shore
 Driver's license # 546871660 State Ma.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-16-09
 (Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Donna Hahn of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Herizon 96 C 139716
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by WH O'DONNELL of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Adoption Services</u> (track, institution, agency, individual) Address: <u>16 Takler Dr.</u> (Street address) <u>Salisbury MA 01952</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William O'Donnell Jr.

Company No. Shore Kennel

Driver's license # 070 LW 561281 State NH

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Donna Hahn, 12-19-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Endure 18C 145518
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by William O'Donnell of 23 Sparhawk
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at R/T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Downs</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>50 Penn + Stone str</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling W.V</u> <u>26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John O'Donnell

Company No. Shore

Driver's license # 546871660 State Ma.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Malboeuf, 12-16-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/23/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboerf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that ERICA 75E 133461
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W E Cryer of 3637 SE County Rd 255
(Printed name of owner) (Street address)

Lee FL 32059, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 12 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 N Congress Ave</u> (Street address) <u>W. Palm Beach FL 33049</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Harold Emerson</u> Company <u>Northshore Kennel</u> Driver's license # <u>DA2500721</u> State <u>AH</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboerf, 12-31-08
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham, Michael T. Cunningham, 1-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Elverta 55F 132489
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O DONNELL of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 1 20 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input checked="" type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>W. H. O DONNELL</u> <u>Wonderland Compound</u> (track, institution, agency, individual)</p> <p>Address: <u>1147 Rear Western Ave</u> (Street address)</p> <p><u>Lynn MA 01905</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name William Malboeuf

Company North Shore Kennel

Driver's license # S91702932 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Donna [Signature] 3-20-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Evermore 15E 130816
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W E Cryer of 3637 SE County Rd 255
(Printed name of owner) (Street address)

Lee FL 32059, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 1 2010
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Linda Jensen</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>145 Weston Rd</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Plainfield Ct. 06374</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name William Malboeuf

Company North Shore Kennel

Driver's license # 891702932 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3-20-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Donna Hahn of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Diamond Queen 86E 139373
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Donald Grissom of Box 11618
(Printed name of owner) (Street address)

Zephyr Cove NV 89448 who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Adoption Services</u> (track, institution, agency, individual) Address: <u>16 Tak Len Dr</u> (Street address) <u>Salisbury MA. 01952</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William O Powell Jr

Company No. Shore Kennel

Driver's license # 070 LW 561 281 State NH

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Donna Hahn, 12-19-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) 12/19/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that DLS Ironman 87G 143957
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Deborah Schweizer of 201N Huron St.
(Printed name of owner) (Street address)

Wheeling W.V. 26003, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 123 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>WAG INC - Agnes Poell</u> (track, institution, agency, individual) Address: <u>P.O. Box 114</u> (Street address) <u>Glastonbury Ct 06033</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company SELF

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-28-09
(Signature of trainer/kennel operator) (Date)

W. Cunningham, [Signature], 11-28-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Donna Hahn of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Drift into view 75C 1 33621
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Deborah Strickland of 1764 Hwy 15
(Printed name of owner) (Street address)

Abiline KS 67410, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 20 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue of Quebec</u> (track, institution, agency, individual) Address: <u>432 Hampton ct</u> (Street address) <u>Dollard Des Ormeaux Quebec Canada</u> (City/town, State, Zip) <u>H9G 1Z3</u>

TRANSPORT AGENT

Name Linda Jensen

Company Linda Jensen

Driver's license # 214718744 State RT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Donna Hahn, 12-18-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Charles 75C / 133461
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.E. Cryer of 3637 SE County Rd 255
(Printed name of owner) (Street address)

Lee FL 32059, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 1 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>111 N. Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. Palm Beach FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Harold Emerson

Company No. Shore Kennel

Driver's license # 002500721 State N.H.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 1-1-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that ~~Codta~~ Codta 64E 127444
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W-H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue Adoption Team</u> (track, institution, agency, individual) Address: <u>P.O. Box 196</u> (Street address) <u>Bufflo, NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 3-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Cozy 125C 135633
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.E. Cryer of 3637 N. County Rd. 255
(Printed name of owner) (Street address)

Lee FL 32059, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 N. Congress Ave</u> (Street address) <u>W. Palm Beach FL. 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Harold Emerson

Company N. Shore

Driver's license # 002500721 State N.H.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 1-1-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Donna Hahn of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Crystal Cutwoman 75A 133655
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Childs of 13 Crystal Drive
(Printed name of owner) (Street address)

S. Hutchinson KS 67505, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 1 / 20 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue of Quebec</u> (track, institution, agency, individual) Address: <u>432 Hampton Ct.</u> (Street address) <u>Dollard des Remeaux, Quebec Canada</u> (City/town, State, Zip) <u>H9B-1L3</u>

TRANSPORT AGENT
Name <u>Linda Tenson</u> Company <u>Linda Tenson</u> Driver's license # <u>214718744</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Donna Hahn, 12-18-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date) 12/22/09



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Cyebert 45 G 132258
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 / 30 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Lincoln Park</u> <small>(Steve Perkins No Shore Kennel)</small> (track, institution, agency, individual) Address: <u>1600 Louisquisset Pike</u> (Street address) <u>Lincoln, RI 02865</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William Malboeuf

Company No. Shore Kennel

Driver's license # S91702932 State Ma.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf 7-24-09
(Signature of trainer/kennel operator) (Date)

Loretta Rooney Loretta Rooney 7-24-09
(Printed name of witness (MSRC Inspector) Chief) (Signature of Witness) MSRC Inspector Chief (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malhoeff of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Dark Dobi 76 D 139313
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W. E. Cryer of Rt 1 Box 225
(Printed name of owner) (Street address)

Lee FL 32059 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Pets of America / Maryland</u> (track, institution, agency, individual) Address: <u>9405 Church Rd.</u> (Street address) <u>Felton, PA 17822</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Liz Hibner

Company GPA/MID

Driver's license # 21 256 734 State PA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malhoeff, 7-19-09
(Signature of trainer/kennel operator) (Date)

Walt Roney, 7-24-09
(Printed name of witness (MSRC Inspector) Chief) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Canalizo 17C, 40976
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by William O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

~~Taunton~~ Lynn Ma 01905, who last raced at R/T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 17 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>South Penn & Stone Str.</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>John O'Donnell</u> Company <u>No. Shore</u> Driver's license # <u>546871660</u> State <u>Ma.</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-16-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael T. Cunningham, _____
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Donna Hahn of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Cast 39308 1 86C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W. E. Cryer of 3637 SE County Rd 255
(Printed name of owner) (Street address)

Lee FL 32059 who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 11 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Adoption Services</u> (track, institution, agency, individual) Address: <u>16 Tak-Len Dr.</u> (Street address) <u>Salisbury MA 01952</u> (City/town, State, Zip)

TRANSPORT AGENT

Name William O Donnell Jr.

Company North Shore Kennel

Driver's license # 070LW561 281 State NH

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Donna Hahn, 12-19-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector)

12/19/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Castle 64I 127444
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W. H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Lincoln Greyhound Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1600 Louisquisset Rike</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Lincoln - RI - 02865</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name William Malboeuf

Company North Shore

Driver's license # S91702932 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Malboeuf, 3-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRIEN, [Signature], 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Blix 176 140976
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01405, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1 21 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>PALM Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 N. Congress Ave</u> (Street address) <u>West PALM Beach FL 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HAROLD Emerson

Company North Shore Kennel

Driver's license # 002500721 State NH

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 12-31-08
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 1-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Albon 66A 138016
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W E Cryer of 3637 SE County Rd 255
(Printed name of owner) (Street address)

Lee FL 32059, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 2 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. Palm Beach FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Harold Emerson

Company North Shore Kennel

Driver's license # 002580721 State NH

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, William Malboeuf, 12-31-08
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 1-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that ASARACK 55C / 132489
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W H O DONNELL of 23 Sparhawk Rd
(Printed name of owner) (Street address)

LYNN MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 10 / 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input checked="" type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>William H O Donnell</u> <u>Wonderland Greyhound Park Compound</u> (track, institution, agency, individual)</p> <p>Address: <u>114E Rear Western Ave</u> (Street address)</p> <p><u>LYNN MA 01905</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>DONNA HALL</u></p> <p>Company <u>No Stone Kennel</u></p> <p>Driver's license # <u>S94399203</u> State <u>MA</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 10-29-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 10/29/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that BAYON 75B 1 33461
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W. E. CRYER of 3637 S.E. County Rd 255
(Printed name of owner) (Street address)

Lee FL 32059, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 101 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>W.H.O Donnell</u> <u>Wonderland PARK Compound</u> (track, institution, agency, individual) Address: <u>1147 Rear Western Ave</u> (Street address) <u>Lynn MA. 01905</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Donna Hahor

Company North Shore Kennel

Driver's license # ~~5943~~ 594399203 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf 10-24-09
(Signature of trainer/kennel operator) (Date)

M.T. Cunningham MC 10-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Big Run Palin 37A 141680
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn ma 01905, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 1 / 6 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Bradenton Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, FL-34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John O'Donnell

Company No. Shore

Driver's license # 546871660 State 12-19

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-4-09
(Signature of trainer/kennel operator) (Date)

MT CUNNINGHAM, _____, 11-4-09
(Printed name of witness (MSRC Inspector)) (Signature of witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malbecoff of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that ADUZZ 453701 18A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W. H. O'Donnell of 23 Southwick Rd
(Printed name of owner) (Street address)

W. H. O'Donnell MA 01905, who last raced at RANDOLPH
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 1 1909
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>W. H. O'Donnell</u> Company <u>W. H. O'Donnell</u> Driver's license # <u>0701W51251</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malbecoff, 11-21-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, MMR, 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Abuzz 18A 145390
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd.</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John O'Donnell

Company No. Shore

Driver's license # 546871660 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 11-4-09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham, _____, 11-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Acton William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Acton 85B 133997
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 13 / 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue + Adoption Team</u> (track, institution, agency, individual) Address: <u>P.O. Box 196</u> (Street address) <u>Bufflo, NY, 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 1-30-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, 1/31/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ~~Addit~~ William Malboeuf of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Addit 55K 132389
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W.H. O'Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn Ma 01905, who last raced at Raynam
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 14 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input checked="" type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Wonderland Compound</u> (track, institution, agency, individual)</p> <p>Address: <u>1147 rear Western Ave</u> (Street address)</p> <p><u>Lynn Ma 01905</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name William Malboeuf

Company No. Shore

Driver's license # 591702932 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, William Malboeuf, 5-13-09
(Signature of trainer/kennel operator) (Date)

M. J. Cunningham, [Signature], 5-22-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Danna Hahn of Kennel # 18
(Printed name of trainer/kennel operator)

Swear and affirm that Adoo 1156-135640
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by William O Donnell of 23 Sparhawk Rd
(Printed name of owner) (Street address)

Lynn MA 01905, who last raced at R-T
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 20 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue of Quebec</u> (track, institution, agency, individual) Address: <u>432 Hampton Ct.</u> (Street address) <u>Dollard des Armeaux, Quebec Canada</u> (City/town, State, Zip) <u>H9B 1L3</u>
TRANSPORT AGENT	
Name <u>Linda Jensen</u>	
Company <u>Linda Jensen</u>	
Driver's license # <u>214718744</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Danna Hahn, 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

12/22/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Areca of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Dwight Evans TTD 143234
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Tr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raunham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 02 129 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarett

Company _____

Driver's license # J630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbourn, Alexandra Lightbourn, 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Duplicity 87D 143986
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Hime of PO BOX 136
(Printed name of owner) (Street address)

Keota OK 7494 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandenton Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Surras

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-16-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Areia of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Earl Weaver 107C, 44441
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Tr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 07 / 29 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarett

Company _____

Driver's license # J630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightson, MSRC Inspector, Alexandra Lightson, MSRC Inspector, 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that ELVIS LIVES 106F 140099
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serras

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12.15.09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Eragon 335991 TSD
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73660 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wheeling</u> (track, institution, agency, individual) Address: <u>50 Penn + Stone St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serras

Company Self

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12-15-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector)

1/2/10
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that EXPENSIVE LOOKER 510B 137849
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73162 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 23 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sharon Williams</u> (track, institution, agency, individual) Address: <u>Rt 4 Box 260</u> (Street address) <u>Sayre OK 73162</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kenn Blake

Company Silver Bullet

Driver's license # 444022621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/25/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard A. Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Fat Free Fanny 37F 141812
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 164 North St
(Printed name of owner) (Street address)

Bellingham VT 05201, who last raced at Ryanham Tauton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 15 10
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Liz Hibner</u> (track, institution, agency, individual) Address: <u>2449 Broad St</u> (Street address) <u>York PA 17408</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company ~~MS WESTERN~~

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard R. Hatch III, 7-18-09
(Signature of trainer/kennel operator) (Date)

Laurel Roney, 7-22-09
(Printed name of witness (MSRC Inspector) Chief) (Signature of Witness (MSRC Inspector) Chief) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that FIT TO BE TIED 47A 142247
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73660, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wheeling</u> (track, institution, agency, individual) Address: <u>50 Penn + Stone St</u> (Street address) <u>wheeling</u> <u>MA</u> <u>26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serrus

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____
 (Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Sarah Arena, 12.15.09
 (Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/15/09
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard W. Hatch III of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Flying Fireball 124A 130506
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Troy Wiley of 28 Chestnut St
(Printed name of owner) (Street address)

Wilmington MA 01887, who last raced at Ryanham/Yates?
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 12 / 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Samantha Betty Wiley</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>7A Rolling Green</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Fallriver</u> <u>MA</u> <u>02720</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Samantha ~~Betty~~ Wiley

Company self

Driver's license # 585095902 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Richard W. Hatch III 12-12-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) 12/23/09 (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Francina 77B 143437
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Pensacola</u> (track, institution, agency, individual)</p> <p>Address: <u>951 Dog Track Rd</u> (Street address)</p> <p><u>Pensacola FL 32575</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>William Brown Don Teichert</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>FL030185471240</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/15/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 4-15-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Anna of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Brogan Jackson TFE 14327B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 104 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Rayburn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 25 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Island</u> (track, institution, agency, individual) Address: <u>So Penn + Shore St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Scaras

Company _____

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 3/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that FTK Game Breaker 46145 138B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Sarras of DOMINION BLVD 147 Count
(Printed name of owner) (Street address) taired;

Wheeling WV 26003 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wheeling</u> (track, institution, agency, individual) Address: <u>50 Penn + Stone St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Steve Sarras</u> Company _____ Driver's license # <u>512203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:
 _____ (Name of person who performed euthanasia) _____ (Affiliation, title)

 (Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arora 12.15.09
 (Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hater III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that FTK Texas Dolly 554 132887
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Sarras of 74 Forest St
(Printed name of owner) (Street address)

W. Bridgewater MA 02379, who last raced at Lynnham Tacon,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 / 12 / 29
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Ristin Farm</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>rt 1 186</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Philadelphia</u> <u>MA</u> <u>26059</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Kevin Blaskie

Company Silver-bullet

Driver's license # 444 622 621 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hater III, 8-29-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 9/8/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M. Hates III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that FTK Texas Dolly SSH 132887
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Sarras of 79 Forest St
(Printed name of owner) (Street address)

W. Bridgewater MA 02379, who last raced at Ryanham Tautou
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 126 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola Greyhound Park</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32525</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarras

Company self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M. Hates III, 6-26-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightfoot, MSRC Inspector, Alexandra Lightfoot, MSRC Inspector, 7/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that FTK Texas Dolly SSH 132887
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Sarcas of 74 Forest St
(Printed name of owner) (Street address)

West Bridgewater MA 02379 who last raced at Roxbury
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 23 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Kenneth Biddle</u> (track, institution, agency, individual) Address: <u>55665 CR 455</u> (Street address) <u>Thorndale TX 76577</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State TX

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/23/09
(Signature of trainer/kennel operator) (Date)

[Signature] 9/23/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness-MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Fully committed 407821 17A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Brandon Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Sarra

Company Self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Gentleman Manny 67F 142875
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Neapolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ~~XXXXXXXXXX~~ Don Tarrett

Company Self

Driver's license # IL030185471240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 4/15/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 5/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arca of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Get Over Desmond 2SB 13111
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre DK 7399 who last raced at Payham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue of New York</u> (track, institution, agency, individual) Address: <u>P.O. Box 1527</u> (Street address) <u>Clifton Park NY 12065</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/18/09
(Signature of trainer/kennel operator) (Date)

MARC ESPRICH [Signature] 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that going my own way 38589 166A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alvie Simos of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Brandon Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Steve Surras</u>
Company <u>Self</u>
Driver's license # <u>S12203103</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Got it from Mama 38589 66C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alvin Simon of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 15 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32019</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarras

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12.15.09
(Signature of trainer/kennel operator) (Date)
Michael I. Cunningham

Michael I. Cunningham, 12/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Scran Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Gypsy Luck 6TB 142873
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Berlington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 25 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue Inc</u> (track, institution, agency, individual) Address: <u>862 Crossen Dr</u> (Street address) <u>Bertrandstown WV 25420</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blasko

Company Silver Bullet

Driver's license # 4441622621 State OR

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 3/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Heavy Artillery 95B 137770
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Ryanham Tautog
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 12 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>G. P. A. Mass.</u> (track, institution, agency, individual) Address: <u>PO Box 1495</u> (Street address) <u>Middleboro MA 02376</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company JCI

Driver's license # 217713744 State VT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Richard M Hatch III, 6-27-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbourn, Alexandra Lightbourn, 7/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Hot Target 37A 141876
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 210
(Printed name of owner) (Street address)

Sayre OK 73660, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Surras

Company SELF

Driver's license # s12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12.15.09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that I Keep Secrets 40449 116A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 2100
(Printed name of owner) (Street address)

Sayre OK 13162 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Brandon Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Surras

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Iruska Gibson 37741 / 46E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Biggin and ~~Missle~~ of Route 1 186a
(Printed name of owner) (Street address)

Triadelphia WV 26059, who last raced at _____
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 23 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Biggin Racing</u> (track, institution, agency, individual) Address: <u>Route 1 186a</u> (Street address) <u>Triadelphia WV 26059</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blasko

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/15/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arence of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Inuska Margold 33682 75B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Riggin Racing of JEDaw's of Route 1 186A
(Printed name of owner) (Street address)

Triadelphia WV 26059 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Riggin Racing</u> (track, institution, agency, individual) Address: <u>Route 1 186A</u> (Street address) <u>Triadelphia WV 26059</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 44622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 6/7/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lighty, Alexandra Lighty, 6/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Isis Wild 41674 / 37B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tina Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Squire OK 73992 who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 / 5 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 DogTrack Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarett

Company Self

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 5/5/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Jack Hearts 104D 140104
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Sarrao of 74 Forest St
(Printed name of owner) (Street address)

W Bridgewater MA 02379 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarrao

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Jane Skinner 8TB, 43639
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Ngolita Jr of 1164 NST
(Printed name of owner) (Street address)

Berlington VT 05201, who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 5 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 DogTrack Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Don Jarett

Company SELF

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/5/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Julie Newman 107F 142803
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Pensacola</u> (track, institution, agency, individual)</p> <p>Address: <u>951 Dog Track Rd</u> (Street address)</p> <p><u>Pensacola FL 32575</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name: <u>James Brown Don Jarratt</u></p> <p>Company: <u>SCIF</u></p> <p>Driver's license # <u>JL030185471240</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 4/15/09
(Signature of trainer/kennel operator) (Date)

[Signature], [Signature], 4-15-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Scrach Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that J'S Hesper 41101 / 17F
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jerry Simon of Rt 4 Box 260
(Printed name of owner) (Street address)

Seyre OR 73662 who last raced at Rayburn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 21 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>Name: <u>Daytona</u> (track, institution, agency, individual)</p> <p>Address: <u>2201 Volusia Ave</u> (Street address)</p> <p><u>Daytona Beach FL 32014</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p>	
<p>Name <u>Steve Dorcas</u></p>	
<p>Company <u>SELF</u></p>	
<p>Driver's license # <u>S12203103</u> State <u>MA</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))

[Signature] 12/18/09
(Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M. Hayes III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Kalache 87C 143691
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 109 North St
(Printed name of owner) (Street address)

Bennington VT 0561, who last raced at Ryanham Track
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 127 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola Greyhound Park</u> (track, institution, agency, individual) Address: <u>951 Day Truck rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serras

Company Self

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M. Hayes III, 6-27-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightman, Alexander Lightman, 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Kapusta Krishna 87F 143691
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1104 North St
(Printed name of owner) (Street address)

Barnington VT 05300 who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 5 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 DogTrack Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarett

Company SELF

Driver's license # JL030185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/5/09
(Signature of trainer/kennel operator) (Date)

McCuningham [Signature] 5/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Karen McFadd 376 142139
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Rich Traversone of PO Box 3371
(Printed name of owner) (Street address)

Nantucket MA 02584 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sanford Orlando</u> (track, institution, agency, individual) Address: <u>301 Day Track Rd</u> (Street address) <u>Longwood FL 32752</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jairett

Company SELF

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/5/09
(Signature of trainer/kennel operator) (Date)

McCunningham [Signature] 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that KTM Smilin Jack 456471 127E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Sarras of 74 Forest St
(Printed name of owner) (Street address)

W Bridgewater MA 02379 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Brandon Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Sarras

Company Self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that KTM Top Gun 456471127F
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Sarra of 74 Forest St
(Printed name of owner) (Street address)

W Bridgewater MA 02319 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandenton Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarra

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, MIC, 11-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arcera of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that King Kong Buddy 33991 185A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napoli Jr of 1104 North St
(Printed name of owner) (Street address)

Bennington VT 0501, who last raced at Rayphan,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 / 23 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Downs</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>50 Penn + State St</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Wheeling WV 26023</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name ~~XXXXXXXXXX~~ Kevin Blake

Company Silver Bullet

Driver's license # 444602021 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 9/25/09
(Signature of trainer/kennel operator) (Date)

[Signature], 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M. Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Levelestic alone 876 143691
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Ryanham/Tauter
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 1 27 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola Greyhound</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Steve Serrus

Company Self

Driver's license # 5122 03123 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Richard M. Hatch III, 6-27-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbody, M.D., Alexandra Lightbody, M.D., 7/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Lili The Huberg 87F 143639
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ~~Robert Brown~~ Don Jarratt

Company Self

Driver's license # JL030185471240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 4/15/09
(Signature of trainer/kennel operator) (Date)

MTCunningham, [Signature], 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Lucky Jackson 106E 140099
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raunham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32019</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serras

Company SELF

Driver's license # S12303103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12-15-09
(Signature of trainer/kennel operator) (Date)

Michael T Cunningham, 12/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Man's Orbit 27B, 141364
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Richard Travigliano of PO BOX 3371
(Printed name of owner) (Street address)

Nantucket MA 02584 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 09, 12, 07
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Island</u> (track, institution, agency, individual) Address: <u>50 Penn + Stone St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serras

Company Self

Driver's license # S122-03103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/2/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Jarrah Arera of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Mesa Bethann 96B, 395106
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Keith W LaFornne of Rt 4 Box 297
(Printed name of owner) (Street address)

Cameron WV 26033, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9, 24, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Mobile</u> (track, institution, agency, individual) Address: <u>Theodore Dawes Rd</u> (Street address) <u>Theodore AL 36590</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messinger
 Company SELF
 Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 9/23/09
(Signature of trainer/kennel operator) (Date)

M.T. Cunningham, [Signature], 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness, MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Mischief Night 370 141876
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarra

Company Self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham MJC 11-27-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that MISS Behave 96H 139676
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/21/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Jarras

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Mona McCluskey 67F 142873
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ~~Don Tarrett~~ Don Tarrett

Company SELF

Driver's license # IL030185471240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/15/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 4-15-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that N. Kami 476 142091
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cimarron Greyhound Farms of Rt 1 Box 112B
(Printed name of owner) (Street address)

Cleopatra OK 73729 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Brandon Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Steve Sarra</u>
Company _____
Driver's license # <u>S12203103</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Archer of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that N. Kathy 475, 42091
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cimarron Greyhound Farms of Rt 1 Box 112B
(Printed name of owner) (Street address)

Cleo Springs OK 73729 who last raced at _____
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 / 23 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Cimarron Greyhound Farm</u> (track, institution, agency, individual) Address: <u>Rt 1 Box 260</u> (Street address) <u>Cleo Springs OK 73729</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blake

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/25/09
(Signature of trainer/kennel operator) (Date)

[Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that N Katma 47A, 42091
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cammaron Greyhound of Rt 1 Box 112B
(Printed name of owner) (Street address)

Cleo Springs OK 73729 who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4, 23, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Cammaron Greyhound</u> (track, institution, agency, individual) Address: <u>Rt 1 Box 112B</u> (Street address) <u>Cleo Springs OK 73729</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/17/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 4/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Samantha Uzarek of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that N Kendall 47D 142091
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cimarron Greyhound of Stuart Greendale
(Printed name of owner) (Street address)

Clea Springs OK 73729 who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 02 10 2009
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling downs</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>So. Penn and Stone St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling, WV 26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Samantha Uzarek, 2/4/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Charlie Papa 77B 143409
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 1 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Tarrett

Company SELF

Driver's license # JL030185471240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 4/15/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 4/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Classic Sass 40449 116B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarras

Company Self

Driver's license # S17203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-27-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arener of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Classy Fred Blassy 85F 133991
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05501, who last raced at _____
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 23 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Gianni Saltalemacchra</u> (track, institution, agency, individual) Address: <u>64 Cheshire Ln</u> (Street address) <u>Taunton MA 02780</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Surra

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/25/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Claymore 3784956D
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 21 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Dayton</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Santos

Company Self

Driver's license # S12203105 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/18/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Cleo Cymearver 45512/18C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cimmaron Greyhound Farm of Rt 1 Box 112B
(Printed name of owner) (Street address)

Uxbridge OK 73729 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Steve Sarrao</u> Company <u>Self</u> Driver's license # <u>S12203103</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)
M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Complete my dream 106E 139807
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73992 who last raced at Raytheon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wheeling Island</u> (track, institution, agency, individual) Address: <u>50 Penn + Stone St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Steve Sarra</u> Company <u>SELF</u> Driver's license # <u>512203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/2/09
(Signature of trainer/kennel operator) (Date)

M Cunningham [Signature] 9/8/09
(Printed name of witness (MSRC/Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Convincer Me 37C 141486
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 21 / 05
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Jarras

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12/21/05
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/22/05
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M. Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Caro Princess 76A 138621
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Ryanham 179403
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Downs</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>50 Penn State St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling VT 26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Kevin Blaska

Company Silver Bullet

Driver's license # 999622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M. Hatch III, 3-21-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, _____, 3-25-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hays III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Craigie Salsen 46A 139336
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Sarras of 79 Forest St
(Printed name of owner) (Street address)

W. Bridgewater MA 02377, who last raced at Raynham/Jackson
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 13 07
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Pensacola Greyhound Park</u> (track, institution, agency, individual) Address: <u>951 Dog track rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarras

Company SELF

Driver's license # 517203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hays III, 9-6-07
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 9-8-07
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that CTW Swingset 44699 107D
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 21 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarra

Company Self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____
 (Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Sarah Arora 12/18/09
 (Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that CU Nicky 87A 143986
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Hume of PO Box 136
(Printed name of owner) (Street address)

Keota OK 74941 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Brandon Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Sarra

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Cutho The Bug 47C 419 22
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Surra of 74 Forest St
(Printed name of owner) (Street address)

W 3rd Ave MA 0239 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sanford Orlando</u> (track, institution, agency, individual) Address: <u>301 Day Track Rd</u> (Street address) <u>Longwood FL 32752</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jairett

Company _____

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/5/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Areca of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Danny Ocean 77B 143234
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Vaccaro Tr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raunham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 02 29 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Don Jarett

Company _____

Driver's license # J630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightman, Alexandra Lightman, 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Davey Lopes 776 143349
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 1104 North St
(Printed name of owner) (Street address)

Bennington VT 0524 who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 / 5 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 DogTrack Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarrett

Company Seize

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/5/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Scrap Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Deco Dixie 740 128032
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Hari Trav Kennel of Po Box 3371
(Printed name of owner) (Street address)

Nantucket MA 02589 who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Scrap Arena</u> (track, institution, agency, individual) Address: <u>83B Mansfield Ave</u> (Street address) <u>Norton, MA 02766</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serras

Company _____

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/17/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Delicatessen 38597, 66B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tina Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 1 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32019</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Steve Sarras</u> Company <u>Self</u> Driver's license # <u>512203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia)

(Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/15/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector
12/15/09
 (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arera of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Diana Diana TK 143409
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Payhram
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 125 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Saras

Company _____

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Dont blame buckner 77E 143234
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raunheon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Daytona</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>2201 Volusia Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Daytona Beach FL 32019</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Sarras

Company Self

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12-15-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

12/15/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Dougie Dougy 376001 461
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 210
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Conn GPA</u> (track, institution, agency, individual) Address: <u>PO Box 900</u> (Street address) <u>Avon CT 06001-0900</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Tessa

Company SC/F

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that DOWN N OUT 37B 141683
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73992 who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sharon Williams</u> (track, institution, agency, individual) Address: <u>Rt 4 Box 260</u> (Street address) <u>Sayre OK 73992</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 0444622621 State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/11/09
(Signature of trainer/kennel operator) (Date)

[Signature] 9/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Scratch Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Drama Time 1066139807
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sheena Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Surre OK 73992 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sanford Orlando</u> (track, institution, agency, individual) Address: <u>301 Day Track Rd</u> (Street address) <u>Longwood FL 32752</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jairett

Company Self

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/5/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arcia of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Drinkthosute 45E 131924
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sharon Williams</u> (track, institution, agency, individual) Address: <u>Rt 4 Box 260</u> (Street address) <u>Sayre OK 73662</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sura

Company _____

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 10/14/09
(Signature of trainer/kennel operator) (Date)

[Signature] 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Addicted 376 141876
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Steve Serras</u> Company <u>Self</u> Driver's license # <u>512203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12.15.09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 12/23/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Aggressive Lee 26B 138830
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Scorsas of 74 Forest St
(Printed name of owner) (Street address)

W Bridgewater MA 02379 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Linda Jensen</u> (track, institution, agency, individual) Address: <u>145 Weston Rd</u> (Street address) <u>Plainfield CT 06374</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 7/21/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Areia of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Ab's Black Day 10SB 1300S
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 07 29 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola Fl 32575</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Don Jarett</u> Company _____ Driver's license # <u>J630188441240</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbourn, Alexandra Lightbourn, 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Aschaffenburg TIA 143409
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napoletano, Jr of 164 Noah St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raunheem
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 02 / 29 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Don Jarett

Company _____

Driver's license # J630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightborn, M, Alexandra Lightborn, 8/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Bacs Dillanbooks 27B 141342
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alvin Staags of 20763 State Hwy 19
(Printed name of owner) (Street address)

Blair OK 73524 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarra

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that BACS Rampage 87A 143819
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alvin Staggas of 20763 St Hwy 19
(Printed name of owner) (Street address)

Blair OK 73526 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10, 11, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Alvin Staggas</u> (track, institution, agency, individual) Address: <u>20763 St Hwy 19</u> (Street address) <u>Blair OK 73526</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Surra

Company Self

Driver's license # S122 03103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 10/11/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Boss Super Turbo 37E 141728
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alvin Staggis of 20763 St Hwy 19
(Printed name of owner) (Street address)

Blair OK 73526 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>50 Penn + Stone St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarraes

Company Self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/9/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 8/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Scrach Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Beers N Hot Dogs TTE, 43349
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 164 Noah St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sanford Orlando</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>301 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Longwood FL 32752</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Don Jairett

Company Self

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/5/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 5/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Bernie Larbo 77C 143234
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT
Name <u>Don Tarrett</u>
Company <u>SPIF</u>
Driver's license # <u>JL030185471240</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/15/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 4/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Beware of hinde 107E 144441
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 07 29 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarratt

Company _____

Driver's license # J630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightburn, Alexandra Lightburn 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Bill Belichick 107B, 44441
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raunhearn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32119</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarras

Company Self

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____
 (Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Sarah Arena, 12-15-09
 (Signature of trainer/kennel operator) (Date)

MT Cunningham, MR, 12/22/09
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Billy dont be a hero 67J 142873
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napoleton Jr of 164 Noah St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandenton Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarra

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Black Hurricane 42460157D
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Saure OK 73667 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarra

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-27-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Bohemian Jean 117B, 44958
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 21 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach, FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Jarras

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

12/22/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hertz III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Burned Butter 87D 143639
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 169 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Ryanham Henton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 127 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola Greyhound Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Sarras

Company Self

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hertz III, 6-27-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lighty M, Alexandra Lighty M, 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Cadillac Elvis 67C 142803
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 21 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serras

Company Self

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 1/2/2010
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Caribou Barbie 77A, 43234
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Nepolitano Jr of 1104 Noah St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Sarrao

Company S12203103

Driver's license # ↓ Seff State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/8/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 8/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arica of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Cajon Slotty (Right tattoo) 65A 1.33055 (Left tattoo)
(Printed name of greyhound)

Owned by Alvin Steggs of 20763 St Hwy 19
(Printed name of owner) (Street address)

Blair (City/town) OK (State) 73526 (Zip code) who last raced at Bainham (Name of track)

had the following manner of disposition on 9 (Month) 23 (Day) 09 (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Alvin Steggs</u> (track, institution, agency, individual) Address: <u>20763 St Hwy 19</u> (Street address) <u>Blair OK 73526</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blake

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/23/09
(Signature of trainer/kennel operator) (Date)

[Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arenc of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Cal Edwards 77A, 43349
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bearington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9, 24, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Mobile</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Theodore Daves Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Theodore, AL 36590</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Bob Hrusenger

Company Self

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/23/09
(Signature of trainer/kennel operator) (Date)

[Signature] 9/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Carlton BSK 77B 143273
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1104 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Anthony Napolitano Jr</u> (track, institution, agency, individual) Address: <u>1104 North St</u> (Street address) <u>Bennington VT 05201</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Surras

Company Se IF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 10/11/09
(Signature of trainer/kennel operator) (Date)

MTC [Signature] [Signature] 10/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Catch The Action 37281 46B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32114</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Steve Serras</u> Company <u>Self</u> Driver's license # <u>512203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12.15.09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arcia of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Catfish Creek 77A, 43133
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1104 North St
(Printed name of owner) (Street address)

Barnington VT 05001, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5, 27, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Island</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>50 Penn + Stone St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling WV 26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Kevin Blake

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/25/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbrym, Alexandra Lightbrym, 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Catfish Creek 43131 77A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Berlington VT 05001 who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 29 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Island</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>2 Penn St 17th St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling WV 26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Kevin Blasko

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6/24/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightman Alexandra Lightman 6/26/09
(Printed name of witness MSRC Inspector) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Areia of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Catfish Creek 77A 143133
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 23 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Anthony Napolitano Jr</u> (track, institution, agency, individual) Address: <u>1164 North St</u> (Street address) <u>Bennington VT 05201</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Brian Blasee

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/25/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that CDN Black Ice 127E 145090
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Lisa Riches of Box 18 Site 14 RR1
(Printed name of owner) (Street address)

Sylvan Lake AB Canada, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Jacksonville KC</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1440 N McDuff</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Jacksonville FL 32205</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Surras

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that CDU Cold Front 57D 142146
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Lisa Riches of Box 18 Site 14 RRI
(Printed name of owner) (Street address)

Sylvan Lake AB T45146 who last raced at Ryanham/Taunton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 127 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>G. P. A. Mass</u> (track, institution, agency, individual) Address: <u>P.O. Box 1995</u> (Street address) <u>Middleboro MA 02346</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linaa Jensen

Company Self

Driver's license # 217715774 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hatch III, 6-27-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightburn Am, Alexandra Lightburn, 7/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that CDN High Pressure 426861 STA
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Lisa Riches of Box 18 Site 14 RR1
(Printed name of owner) (Street address)

Sylvan Lake AB Canada, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Jacksonville KC</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1440 N McDuff</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Jacksonville FL 32205</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Ferras

Company Self

Driver's license # S122 03103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/13/09
(Signature of trainer/kennel operator) (Date)

[Signature] 11-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Charlie Hodge 67D 142875
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32074</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarras

Company Self

Driver's license # 512203103 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12-15-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arera of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that N Kenny 47C142091
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Ameron Grayford of Rt 1 Box 112B
(Printed name of owner) (Street address)

Clio Springs JK 13709 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 125 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Island</u> (track, institution, agency, individual) Address: <u>So Park + Stone St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Stark Saras

Company _____

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that N. Kenny 47C 142091
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cimarron Greyhound Farms of Rt 1 Box 112B
(Printed name of owner) (Street address)

Cleo Springs OK 73709 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarrao

Company Self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that N Kent 47E 142091
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cimarron Greyhound of Rt 1 Box 112B
(Printed name of owner) (Street address)

Cleo Springs OK 73729, who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32525</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Serras

Company Self

Driver's license # s12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard Hatch III, 8-8-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 8/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness, MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hayes III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that N Kristij 47F 142091
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cimarron Greyhound of St 1 Box 112B
(Printed name of owner) (Street address)

Cleo Springs OK 7329, who last raced at Lynnham/Tausog
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1 1
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola Greyhound Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32525</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Steve Sarras

Company self

Driver's license # 51220303 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Richard M Hayes III, 6-26-09
(Signature of trainer/kennel operator) (Date)

Alexandra L. Whitney, Alexandra Whitney, 7/9/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arca of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that N Kurt 476, 42091
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cameron Greyhound of Rt 1 Box 112B
(Printed name of owner) (Street address)

Cleo Springs OK 7379, who last raced at Raphan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 12 25, 07
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Island</u> (track, institution, agency, individual) Address: <u>S Penn + Stone St</u> (Street address) <u>Wheeling, WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Gray

Company _____

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/28/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRILLI [Signature] 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Jacobs Arcega of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that N KUFF 4TB, 42091
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cimarron Greyhound Farms of Rt 1 Box 112B
(Printed name of owner) (Street address)

Deo Springs OK 73729 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 23 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Cimarron Greyhound Farms</u> (track, institution, agency, individual) Address: <u>Rt 1 Box 112B</u> (Street address) <u>Deo Springs OK 73729</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blake

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/25/09
(Signature of trainer/kennel operator) (Date)

[Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Name McAdam 85E, 34224
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 21, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Scarras

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____
 (Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Sarah Arena, 12/18/09
 (Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) 12/18/09
 (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Navar Conrad 416571376
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tina Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Smyre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling</u> (track, institution, agency, individual) Address: <u>50. Penn + Stone St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Ferras

Company SELF

Driver's license # 512203103 State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12-15-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

12/15/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Nicks Game Bay 397361 96A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 210
(Printed name of owner) (Street address)

Sayre OK 73660, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wheeling Island</u> (track, institution, agency, individual) Address: <u>50 Penn + Stone st</u> (Street address) <u>Wheeling md 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarra

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12-15-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

12/15/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Not Fade Away 87C 143639
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Vaccaro Jr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Ramothem
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 07 29 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Don Jarett</u> Company _____ Driver's license # <u>J630185441240</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbody DM Alexandra Lightbody 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arera of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Not Much Pumpkin 870 143691
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Berlington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Sarra

Company Self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/9/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 8/9/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Oaks Darkn Dusty 470 142079
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Black Oak Kennel of 1740 Woodson / Winchester Rd
(Printed name of owner) (Street address)

Murrayville IL 62668 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Surras

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ~~Donna~~ Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Ocho Rios 27C, 41304
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Rich Traviglione of PO Box 3371
(Printed name of owner) (Street address)

Nantucket MA 02584 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4, 23, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Cinnamon Greyhound</u> (track, institution, agency, individual) Address: <u>R+I Box 112B</u> (Street address) <u>Cleo Springs OK 73729</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 44462262-1 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/17/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"

**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Steve SARAS of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Oil Can Boyd 77C, 43133
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr. of 169 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

was disposed of in the following manner on 4, 7, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input checked="" type="checkbox"/> 6. Other <u>Uncontrollable seizure disorder</u> <input checked="" type="checkbox"/> 7. Humanely euthanized *	Name: <u>Bristol County Animal Clinic</u> (track, institution, agency, individual) Address: <u>Broadway</u> (Street) <u>Raynham MA 02767</u> (City, State, Zip)

TRANSPORT AGENT
Name <u>Steve Saras</u> Company <u>Fast Track Kennel</u> Driver's license # <u>S1XX2003</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

Thomas D. Durnick Bristol City Council
(Name of person who performed euthanasia) (Affiliation, title)
Perforated Burial - Angel View
(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/7/09
(Signature of trainer/kennel operator) (Date)
[Signature] [Signature] 4-7-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Okajima 125B/35795
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Conn GPA</u> (track, institution, agency, individual) Address: <u>PO Box 900</u> (Street address) <u>Avon CT. 06001-0900</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Linda Jensen</u> Company <u>Self</u> Driver's license # <u>214718744</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arora 12/19/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector
Michael T. Cunningham 12/19/09
(Printed name of witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Oshkosh Cotton 43755, 87C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Larry Pollard of 1109 East 1st St
(Printed name of owner) (Street address)

Oshkosh NE 69154, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 11 / 05
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Larry Pollard</u> (track, institution, agency, individual) Address: <u>1109 East 1st St</u> (Street address) <u>Oshkosh NE 69154</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Scaras

Company Self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 10/11/05
(Signature of trainer/kennel operator) (Date)

[Signature] 10/12/05
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Oshkosh Denver 445021107E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Larry Pollard of 1109 East 1st St
(Printed name of owner) (Street address)

Oshkosh NE 69154 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Brandenton Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Sarra

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-24-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Oshkosh Detroit 44502 1107C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Larry Pollard of 1109 East 1st St
(Printed name of owner) (Street address)

Oshkosh NE 69154 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Brandon Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Sarras

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 11/13/09
(Signature of trainer/kennel operator) (Date)

M. CUNNINGHAM [Signature] 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Araya of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Oshkosh Dillon 1070D, 44502
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Larry Pollard of 1109 East 1st St
(Printed name of owner) (Street address)

Oshkosh NE 69154 who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 24 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Rayhan Larry Pollard</u> (track, institution, agency, individual) Address: <u>1109 East 1st St</u> (Street address) <u>Oshkosh NE 69154</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company _____

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/23/09
(Signature of trainer/kennel operator) (Date)

MT. Cunningham [Signature] 9/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatch III of Kennel # 4
(Printed name of trainer/kennel operator)

Swear and affirm that Olympic speed 107F 144491
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 169 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Ravensham Tator
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 1 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>50 Penn + Stone St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Steve Serras</u> Company <u>Self</u> Driver's license # <u>512203103</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hatch III, 10-9-09
(Signature of trainer/kennel operator) (Date)

ATCunningham [Signature] 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that OTC Real Deal 126F 140458
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cimarron Greyhounds of RT 1 Box 112B
(Printed name of owner) (Street address)

Cleo Springs OK 73729 who last raced at Raynham/Taunton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 13 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Mobile Greyhound Park</u> (track, institution, agency, individual) Address: <u>Theodore Dawes rd</u> (Street address) <u>Theodore AL 36590</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarras

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hatch III, 9-6-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9-8-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that OTL Showtime 40458, 126E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Commonwealth Greyhound Farms of Rt Box 112 B
(Printed name of owner) (Street address)

Cleonsprings MA 13709 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarras

Company SELF

Driver's license # 512703103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Sarah Arena, 12-15-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Out Here Workin 27E 141361
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alvin Simos of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 21 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serres

Company SELF

Driver's license # S122 03103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Sarah Arena, 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

Michael T. Cunningham 12/18/09
(Printed name of witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Papelbon 125A 135295
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 Noah St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 09 23 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Anthony Napolitano Jr</u> (track, institution, agency, individual) Address: <u>164 Noah St</u> (Street address) <u>Bennington VT 05201</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Kevin Blasko</u> Company <u>Silver Bullet</u> Driver's license # <u>4441022621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/25/09
(Signature of trainer/kennel operator) (Date)

MIT Cunningham [Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hutch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Patsy Cline v 766 D 139899
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Leonard Wood of 4099 Cypress Bend
(Printed name of owner) (Street address)

Geneva FL 32732, who last raced at Ryanham Toton,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 1 25 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>50 Penn Stone St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT	
Name <u>Kevin Blawie</u>	
Company <u>Silver Bullet</u>	
Driver's license # <u>799622621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia)	(Affiliation, title)
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hutch III, 3-21-09
(Signature of trainer/kennel operator) (Date)

MARC EBRICH, [Signature], 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M. Helges III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Pavarotti W 106 A 1 39899
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Leonard Wood of 7099 Cypress Bend
(Printed name of owner) (Street address)

Geneva FL 32732, who last raced at Ryanham/Taunton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 1 25 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>50 Penny Stone St</u> (Street address) <u>Wheeling w. v. 26003</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Kevin Blasko</u> Company <u>Silver Bullet</u> Driver's license # <u>444622621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M. Helges III, 3-21-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, _____, 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Phoebe Figally 1076 4444
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1104 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandenton Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Steve Sarra</u> Company <u>SELF</u> Driver's license # <u>S12203103</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)
M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC/Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Pip Chick 127D 144941
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 169 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Rayham Farm
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 1 10 07
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>50 Penn + Stone St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Steve Scors</u> Company <u>SELF</u> Driver's license # <u>512203103</u> State <u>VA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hatch III, 10-9-07
(Signature of trainer/kennel operator) (Date)

MT Cunningham, 10/12/07
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Quick Bye Bye 39 2961 86E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 15 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serras

Company Self

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 12-15-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

Michael T. Cunningham, 12/18/09
(Printed name of witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Boring Tiger 43164 77A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Linda Rossi of 2032 Clower
(Printed name of owner) (Street address)

San Antonio TX 78201, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 24 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Birmingham</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1000 John Boyce Dr</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Birmingham AL 35210</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Bob Messenger

Company Self

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 9/23/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 9/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Ramis Dolly 4275967A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Richard Traviglio of PO Box 3371
(Printed name of owner) (Street address)

Nantucket MA 02584 who last raced at Raypham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 08 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Serrano

Company S 12203103

Driver's license # W self State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/7/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 8/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Jean Anna of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Pam's Wonder 427501670
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Richard ~~Travagione~~ of PO Box 3371
(Printed name of owner) (Street address)

Nantucket MA 02554 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3, 25, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serras

Company _____

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/25/09
(Signature of trainer/kennel operator) (Date)

MARL ESTRICH [Signature] 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that BAL'S Surfside 366C / 366E10
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Mich Truighane of PO Box 3571
(Printed name of owner) (Street address)

Nantucket MA 02584, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 / 5 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sanford Orlando</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>301 Day Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Longwood FL 32752</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Don Jairett

Company SELF

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/5/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Scrach Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Beady Mercedes 401161 1566
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 210
(Printed name of owner) (Street address)

Sayre OK 13992 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sanford Orlando</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>301 Day Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Longwood FL 32752</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Don Jairett

Company SELF

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/5/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Rhoda Zimmerman 67H, 42803
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2, 20, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Longwood, FL 32752</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Keen Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2/20/09
(Signature of trainer/kennel operator) (Date)

MARC REBICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Rick Richards 1064 140099
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 109 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Rayham Tacon,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Downs</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>50. Penn + Stone St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling</u> <u>WV</u> <u>26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Garra

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Richard M Hatch III, 10-9-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatco Jr of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Rollie Fingers 67H 142873
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 169 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Reganham/Jaylen
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola Greyhound Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Sciras

Company self

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Richard M Hatco Jr, 6-27-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbody M, Alexandra Lightbody M, 7/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Seah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Rooftop Hawk 34D 125412
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Seape OR 73997 who last raced at Reynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 22 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Linda Jersey</u> (track, institution, agency, individual) Address: <u>145 Weston Rd</u> (Street address) <u>Plainfield CT 06374</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blawie

Company Silver Bullet

Driver's license # 444622621 State OR

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Seah 4/24/09
(Signature of trainer/kennel operator) (Date)

MT Connors 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Phil Kelly of Kennel # 08
(Printed name of trainer/kennel operator)

Swear and affirm that Sambam Cunningham 107A 144991
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 114 North St
(Printed name of owner) (Street address)

Dennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Downs</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>50 Penn Estover St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling WV 26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Steve Sarraf

Company Fast Track

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 10/10/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Sarah Barracuda 57A 142260
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Dundington VT 05201, who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 25 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue</u> (track, institution, agency, individual) Address: <u>862 Crosser Dr</u> (Street address) <u>Barracuda Wn 25420</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blawie

Company Silver Bullet

Driver's license # 4K4622621 State DC

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/28/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M. Hickey III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Sas Shake & Bake 95D 134892
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of rt 9 Box 260
(Printed name of owner) (Street address)

Sayre ok 73992, who last raced at _____
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 1 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Connecticut GPA</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>60 Box 900</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Avon Ct 06001</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Linda Jensen

Company S&B

Driver's license # 217718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M. Hickey III, 9-18-09
(Signature of trainer/kennel operator) (Date)

LAWRENCE ROONEY, LAWRENCE ROONEY, 7-27-09
(Printed name of witness (MSRC Inspector) Chief) (Signature of Witness MSRC Inspector) Chief (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arera of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Sahndoll 106D 140099
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Daytona</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>2201 Volusia Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Daytona Beach FL 32014</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Steve Serras

Company SPIF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arera, 12-15-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))
Michael T. Cunningham 12/15/09
(Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Saved For Last 429 241 STR
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Brandenton Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Sarrao

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-27-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that SEIS Bar None 413711, 37A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73602 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Serras

Company Self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/7/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 8/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Sendah Chelle 9TD 144039
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Stuart Grendani of 5505 Valley Dr
(Printed name of owner) (Street address)

McFarland WI 53558 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2207 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Steve Sarras</u>	
Company <u>SELF</u>	
Driver's license # <u>517203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12-15-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector)

[Signature] 12/18/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Sendahl Eleanor 44039 97A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Stuart Grendahl of 5505 Valley Dr
(Printed name of owner) (Street address)

McFarland WI 53558 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 21 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2001 Volusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Steve Sacras</u> Company <u>SELF</u> Driver's license # <u>S12203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

[Signature] 12/18/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arcena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Sendahl Lucy 97F 144039
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Stuart Grendahl of 5505 Valley Dr
(Printed name of owner) (Street address)

McFarland WI 63558 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarras

Company SCIF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arcena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-27-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Sendahl Madonna 440⁰³⁹,97B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Stuart Greisdahl of 5505 Valley Dr
(Printed name of owner) (Street address)

MacFarland WI 53588 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 / 23 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Cinnamon Greyhound</u> (track, institution, agency, individual) Address: <u>Rt 1 Box 260</u> (Street address) <u>Cleo Springs WI 73729</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 4441622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/25/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Sendah Pepper 44039 197I
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Stuart Greidani of 5605 Valley Dr
(Printed name of owner) (Street address)

McFarland MA 53558 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Valusia Ave</u> (Street address) <u>Daytona Beach FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarras

Company SCIF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12-15-09
(Signature of trainer/kennel operator) (Date)

[Printed Name] [Signature] 12/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Sensational Seller 67E 142803
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 169 North St
(Printed name of owner) (Street address)

Bellingham VT 05201, who last raced at Ryanham-Factor
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 127 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola Greyhound Park</u> (track, institution, agency, individual) Address: <u>951 Dog Track rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Serras

Company self

Driver's license # 012203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hatch III, 6-27-09
(Signature of trainer/kennel operator) (Date)

Alexandro Lighty Am, Alexandro Lighty Am, 7/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Show me the cheese 65F 133009
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napoleano of 169 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Ryanham Tauter
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 12 10
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola Greyhound Park</u> (track, institution, agency, individual) Address: <u>951 Dog Track rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Steve Scrimas</u> Company <u>Self</u> Driver's license # <u>512203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hatch III, 6-27-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightman Am, Alexandra Lightman Am, 7/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that ~~Shuffle~~ Shuffle Eddie 67I, 42803
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr. of 1104 Noah St
(Printed name of owner) (Street address)

Berlington VT 05201 who last raced at Bennington
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 20 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Longwood, FL 32752</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2/20/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that ST Joyce 86I, 139528
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alvin Staggis of 20763 St Hwy 19
(Printed name of owner) (Street address)

Blair OK 73526 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Alvin Staggis</u> (track, institution, agency, individual) Address: <u>20763 St Hwy 19</u> (Street address) <u>Blair OK 73526</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarcas

Company Self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 10/11/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Spaceman Lee 77F 143273
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 104 North St
(Printed name of owner) (Street address)

Burlington VT 05201 who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 5 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 DogTrack Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarrett

Company SELF

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/5/09
(Signature of trainer/kennel operator) (Date)

[Signature] 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Specie Offroad 96 J 139676
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of rt 9 Box 260
(Printed name of owner) (Street address)

Sayre OK 7399, who last raced at Ryanham Jockey
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 123 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Cross Keystone G.P.A.</u> (track, institution, agency, individual) Address: <u>1906 Harcourt Dr</u> (Street address) <u>Harrisburg PA 17110</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company SELF SELF

Driver's license # 214718 744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hatch III, 12-5-09
(Signature of trainer/kennel operator) (Date)

McCummings, [Signature] 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Suzie Solans 670142873
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napoleone Jr of 164 Noans St
(Printed name of owner) (Street address)

Burlington VT 05201 who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 / 5 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 DogTrack Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarrett

Company Self

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/5/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Talking Katra 66H 138597
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tina Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Smyrna OK 73662 who last raced at Raynhem
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Daytona</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>2201 Volusia Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Daytona Beach FL 32019</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Steve Serras

Company SELF

Driver's license # 512203103 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12-15-09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tawnton Toledo 115B, 353 TS
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napoleone Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9, 23, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Anthony Napoleone Jr</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>164 North St</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Bennington VT 05201</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Kevin Blaskie

Company Silver Bullet

Driver's license # 444622627 State AK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/25/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tim Wakefield 77F, 43349
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1104 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3, 25, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Island</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>So Pen + Street</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling VT 06003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Steve Serras</u>
Company _____
Driver's license # <u>S1220303</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 3/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arava of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tim Wakefield 43349, 77F
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Vaccaro Jr of 1104 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Ramotham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 07 129 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarett

Company _____

Driver's license # J630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightban, MSRC Inspector, Alexandra Lightban, MSRC Inspector, 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tipsy Bob W 43188, 67F
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Leonard Wood of 4099 Cuprus Blvd
(Printed name of owner) (Street address)

Genova FL 32732 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Jacksonville KC</u> (track, institution, agency, individual) Address: <u>1440 N. McDuff</u> (Street address) <u>Jacksonville FL 32205</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sircas

Company Self

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/7/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 8/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tipsy Casey W 43188167B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Leonard Wood of 4099 Cypress Bend
(Printed name of owner) (Street address)

Geneva FL 32732 who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jurek

Company Self

Driver's license # J630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/15/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 4/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tipsy Jan W 43188167C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Leonard Wood of 4099 Cypress Bend
(Printed name of owner) (Street address)

Geneva FL 32732 who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Don Tarkenton

Company _____

Driver's license # J630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/15/09
(Signature of trainer/kennel operator) (Date)

[Signature] 4/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tipsy Peen + W 43188, 676
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Leonard Wood of 4099 Cyprus Bend
(Printed name of owner) (Street address)

Geneva FL 32732 who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5, 5, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 DogTrack Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jarrett

Company Self

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/5/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 5/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Samantha Uzanek
Sarah A. P. A. G. of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tipsy Streaker W 67H 143188
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Leonard V. Wood of 4099 Cypress Bend
(Printed name of owner) (Street address)

Geneva Fl 32732 who last raced at Barnham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 02 104 2009
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>So. Penn and Stone St</u> (Street address) <u>Wheeling, WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Samantha Uzanek, 2/14/09
(Signature of trainer/kennel operator) (Date)

WARR ESTRELL, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tipsy Traveler W 43188 1674
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Leonard Wood of 4099 Cypress Bend
(Printed name of owner) (Street address)

Goronia FL 32732 who last raced at Ryan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Jacksonville</u> (track, institution, agency, individual) Address: <u>1440 N W. McDiarmid</u> (Street address) <u>Jacksonville FL 32205</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jancek

Company J630185941240

Driver's license # ✓ State F

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6/15/09
(Signature of trainer/kennel operator) (Date)

[Signature] 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Lane of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Topsy Traver W 43188 6710
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Leonard Wood of 4099 Cypress Bend
(Printed name of owner) (Street address)

Geneva FL 32732 who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 24 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Jacksonville KC</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1440 N McDuff</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Jacksonville, FL 32205</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name ~~XXXXXXXXXX~~ Don Jarett

Company _____

Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6/24/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbey, DVM Alexandra Lightbey, DVM 6/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tommy Lasorda 77B 143133
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 21 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Daytona</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona FL 32014</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Steve Sacras</u> Company <u>SELF</u> Driver's license # <u>S12203103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/18/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham 12/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arma of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tony Casanova 67B 142875
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1104 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Deerham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 25 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Steve Kraus</u> Company _____ Driver's license # <u>S122-03103</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard R Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Tony Millionaire 67A 192825
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Neapolitano of 169 North St
(Printed name of owner) (Street address)

Bellingham VT 05201, who last raced at Ryan Ken Teton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 125 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Lingle Farms</u> (track, institution, agency, individual) Address: <u>15797 South City Rd 205</u> (Street address) <u>Atus OK 73521</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Kevin Blusk</u> Company <u>Silver Bullet</u> Driver's license # <u>444622621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard R Hatch III, 3-21-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Up Front Prince 47F 142247
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73992 who last raced at Reynhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 25 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarra

Company _____

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/25/09
(Signature of trainer/kennel operator) (Date)

MARLE ESTBILT [Signature] 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Archer of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Up Front Poodle 47F 142247
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 23 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Sharon Williams</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>Rt 4 Box 260</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sayre OK 73662</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/25/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Valenzuela 77C 143349
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1164 North St
(Printed name of owner) (Street address)

Berlin VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarra

Company _____

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-27-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Valenzuela TRC, 43349
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1104 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3, 25, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Surra

Company _____

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/25/09
(Signature of trainer/kennel operator) (Date)

MARLE ESTRICH [Signature] 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Vantek 776 143234
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 1104 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 25 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Broadenton Rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Garcia

Company _____

Driver's license # S12203403 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)
 Swear and affirm that Vic Ferrari 67C, 4287S
(Printed name of greyhound) (Right tattoo) (Left tattoo)
 Owned by Anthony Napolitano of 1144 North St
(Printed name of owner) (Street address)
Barnston VT 0526, who last raced at Baynham
(City/town) (State) (Zip code) (Name of track)
 had the following manner of disposition on 5, 5, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION <small>(check one)</small>	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> <small>(track, institution, agency, individual)</small> Address: <u>951 DogTrack Rd</u> <small>(Street address)</small> <u>Pensacola FL 32575</u> <small>(City/town, State, Zip)</small>

TRANSPORT AGENT

Name Don Jarett
 Company Self
 Driver's license # JL630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/5/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Walter Gulick 87A 143639
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 27 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Island</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>So Penn + Stoe St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling WV 26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Kenna Blasko

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/25/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbown Alexandra Lightbown 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Whistler Cecily 125F, 135947
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 3662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Surras

Company MSRC

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/7/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Acena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Winta Oredaland 46610 138D
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joan Curley of 25 County St
(Printed name of owner) (Street address)

Holliston MA 01746 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarra

Company _____

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Acena 11/13/09
(Signature of trainer/kennel operator) (Date)

(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Anna of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Winta Pixie 32941 SSA
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joan Gurley of 25 Country Rd
(Printed name of owner) (Street address)

Holliston MA 01746 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Common Greyhound Farm</u> (track, institution, agency, individual) Address: <u>Rt 1 Box 112</u> (Street address) <u>Che Springs OK 73729</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/25/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightburn, Alexandra Lightburn, 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Women Hater 435691 7TB
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Skyre OK 73162, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandon Rd</u> (Street address) <u>Sarasota, FL 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarra

Company SELF

Driver's license # S12203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Sarah Arena, 11/13/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 11-21-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Yankee Doodle Day 354241 105C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 210
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 21 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Dayna</u> (track, institution, agency, individual) Address: <u>2201 Volusia Ave</u> (Street address) <u>Daytona FL 32014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Steve Sarraz

Company SELF

Driver's license # 512203103 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Sarah Arena 12/18/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/18/09
(Printed name of witness MSRC Inspector) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Sol Darwin 54C-126574
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NT Shuch of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene Ko 67410 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 127 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Race Track</u> (track, institution, agency, individual) Address: <u>831 N Federal Highway</u> (Street address) <u>Hallandale Florida</u> (City/town, State, Zip) <u>33009</u>
TRANSPORT AGENT	
Name <u>John Dickerson</u>	
Company <u>self</u>	
Driver's license # <u>D252473622290</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/25/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness, MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that FF Zoey 44884, 117A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Fusaro of 16600 45th Ave N.
(Printed name of owner) (Street address)

Plymouth MN 55446 who last raced at Rayhorn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 27, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Flayler</u> (track, institution, agency, individual) Address: <u>401 NW 38th St</u> (Street address) <u>Miami Fl 33126</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>John Dickerson</u> Company <u>Self</u> Driver's license # <u>D252473622290</u> State <u>Fl</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/25/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/25/09
(Printed name of witness (MSRC Inspector)) (Signature of witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Coolidge 115F 135707
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1240 Riverside Dr
(Printed name of owner) (Street address)

Sumner WV 54173 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 28 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Roar</u> (track, institution, agency, individual) Address: <u>Rayham Park R7135</u> (Street address) <u>Rayham Ma 02767</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name _____	
Company _____	
Driver's license # _____ State _____	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/25/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham 12/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Airborne 39407196F
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1240 Riverside Dr
(Printed name of owner) (Street address)

Seesaw Wi 54173 who last raced at Raphon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/27/09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Hally wood</u> (track, institution, agency, individual)</p> <p>Address: <u>831 W Federal Highway</u> (Street address)</p> <p><u>Hollandale Fl 33009</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Chris Fulcher</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>017688840</u> State <u>CA</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/25/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunati of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Cookie 126H, 40473
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N. J. Sherk of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 28 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)</p> <p>Address: <u>10601 Bonita Beach Rd.</u> (Street address)</p> <p><u>Bonita Springs Fl.</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickerson</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>0222 47362299</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Internato 12/28/09
(Signature of trainer/kennel operator) (Date)

(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Tapco Hobo 67D 142835
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Phyllis Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 28 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)</p> <p>Address: <u>10601 Bonita Beach Rd.</u> (Street address)</p> <p><u>Bonita Springs Fl.</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickenson</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>D-252-473-62-229-0</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)
 (Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Internato 12/24/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Young Zenith 96 B. 137346
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Michael Lasky of 649 Hwy 40
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 28, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Tolan Dickenson</u> Company <u>Self</u> Driver's license # <u>D-252-473-62-229-0</u> State <u>Fl</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Internato 12/24/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Rage 95C 134715
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Romham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/28/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/25/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Mysterious 87C 143795
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherk of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks., who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 28 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual) Address: <u>10601 Bonita Beach Rd.</u> (Street address) <u>Bonita Springs Fl.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickenson

Company Self

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur Determat 12/25/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Minnae 55H. 132606
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N. J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 128 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10601 Bonita Beach Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Bonita Springs Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickenson

Company SELF

Driver's license # D-252-473-62-229-0 State Fl.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur Internati 12/25/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Kit Kat 46D 137005
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N. J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 28 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)</p> <p>Address: <u>10601 Bonita Beach Rd.</u> (Street address)</p> <p><u>Bonita Springs Fl.</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name: <u>Tolen Dickenson</u></p> <p>Company: <u>S. I. F.</u></p> <p>Driver's license # <u>D-252-473-62-229-0</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/28/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/28/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Amazing 57E142347
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N. J. Shreck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/28/09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Naples Ft. Myers</u> (track, institution, agency, individual)</p> <p>Address: <u>10601 Bonita Beach Rd.</u> (Street address)</p> <p><u>Bonita Springs Fl.</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickenson</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>D-252-473-62-227</u> (State <u>Fl.</u>)</p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/28/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/28/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Honorary Pilot 97D, 44152
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Russell Fortunato of 816 Dundee Dr.
(Printed name of owner) (Street address)

Winter Springs Fl. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/28/09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Integrative Sanford-Orlando</u> (track, institution, agency, individual)</p> <p>Address: <u>Dog Track Rd.</u> (Street address)</p> <p><u>Longwood</u> <u>Fl.</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Scott Bennett</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>D-530-785-71-3260</u> State <u>Fl</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/24/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/28/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Gracious Miss 97B.144152
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Russell Fortunato of 816 Dundee Dr.
(Printed name of owner) (Street address)

Winter Springs Fl. who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 28 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sandford-Orlando</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Dog Track Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Longwood, Fl.</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Scott Bennett

Company Self

Driver's license # D-530-785-71-3260 State F

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/29/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/29/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that TAPCO TULSA 87A, 43936
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma., who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 31 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ROAR Inc.</u> (track, institution, agency, individual) Address: <u>Raynham Pk. Rt. 138</u> (Street address) <u>Raynham Ma.</u> (City/town, State, Zip)

TRANSPORT AGENT
Name _____ Company _____ Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato, 12/24/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, Michael Cunningham, 12/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that ~~SAV'S~~ Yokon 55C 132320
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 31 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ROAR Inc.</u> (track, institution, agency, individual) Address: <u>Raynham Pk. Rt. 138</u> (Street address) <u>Raynham Ma.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name _____

Company _____

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/23/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/23/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that TNT Gold Dust 84 B, 28172
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 13 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ROAR Inc.</u> (track, institution, agency, individual) Address: <u>Raynham Pk. Rt. 138</u> (Street address) <u>Raynham Ma</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name _____ Company _____ Driver's license # _____ State _____	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/23/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham Michael Cunningham 12/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sol Molee 104A 129460
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline KS. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 13 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ROAR Inc.</u> (track, institution, agency, individual) Address: <u>Raynham PK Rt. 138</u> (Street address) <u>Raynham Ma.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name _____

Company _____

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/24/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Sav's Hudson 55F, 32320
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Savill of 63 Glen St.
(Printed name of owner) (Street address)

Whitman Ma. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 13 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ROAR Inc.</u> (track, institution, agency, individual) Address: <u>Raynham Pk. Rt. 138</u> (Street address) <u>Raynham Ma.</u> (City/town, State, Zip)

TRANSPORT AGENT

Name _____

Company _____

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____
 (Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Arthur Internato 12/24/09
 (Signature of trainer/kennel operator) (Date)
Michael T. Cunningham Michael T. Cunningham 1/7/2010
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, A. Fortunato of Kennel # 32
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Tamatha 75E, 33503
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N. J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abeline Ks. who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/31/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>RDAR Inc.</u> (track, institution, agency, individual) Address: <u>Raynham Pk. Rt. 138</u> (Street address) <u>Raynham Ma.</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name _____ Company _____ Driver's license # _____ State _____	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Arthur Fortunato 12/24/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham Michael T. Cunningham 12/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, _____ of Kennel # _____
(Printed name of trainer/kennel operator)

Swear and affirm that _____ / _____
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by _____ of _____
(Printed name of owner) (Street address)

_____, who last raced at _____,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on _____ / _____ / _____
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ROAR Inc</u> (track, institution, agency, individual) Address: <u>Raynham Park Rt 138</u> (Street address) <u>Raynham MA 02767</u> (City/town, State, Zip)
TRANSPORT AGENT Name _____ Company _____ Driver's license # _____ State _____	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____
(Signature of trainer/kennel operator) (Date)

(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ANTONIO FONSECA of Kennel # 28
(Printed name of trainer/kennel operator)

Swear and affirm that LEA SKIPPY 42172147C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ANTONIO FONSECA of 370 CROSS ST BRIDGEWATER
(Printed name of owner) (Street address)

BRIDGEWATER MA 02324 who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ANTONIO FONSECA</u> (track, institution, agency, individual) Address: <u>370 CROSS ST</u> (Street address) <u>BRIDGEWATER MA 02324</u> (City/town, State, Zip)
TRANSPORT AGENT Name _____ Company _____ Driver's license # _____ State _____	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Antonio Fonseca 4-17-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham 5/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ANTONIO FONSECA of Kennel # 28
(Printed name of trainer/kennel operator)

Swear and affirm that LEAMAN BROTHERS 42172147D
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ANTONIO FONSECA of 370 CROSS ST
(Printed name of owner) (Street address)

BRIDGEWATER MA 02324, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>ANTONIO FONSECA</u> (track, institution, agency, individual)</p> <p>Address: <u>370 CROSS ST</u> (Street address)</p> <p><u>BRIDGEWATER, MA 02324</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name _____</p> <p>Company _____</p> <p>Driver's license # _____ State _____</p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4-17-09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ANTONIO FONSECA of Kennel # 28
(Printed name of trainer/kennel operator)

Swear and affirm that MORGAN STANLEY 42172147A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ANTONIO FONSECA of 370 CROSS
(Printed name of owner) (Street address)

BRIDGEWATER MA 02324 who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
TRANSPORT AGENT Name _____ Company _____ Driver's license # _____ State _____	Name: <u>ANTONIO FONSECA</u> (track, institution, agency, individual) Address: <u>370 CROSS ST</u> (Street address) <u>BRIDGEWATER MA 02324</u> (City/town, State, Zip)

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4-17-09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 3/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ANTONIO FONSECA of Kennel # 28
(Printed name of trainer/kennel operator)

Swear and affirm that BEAR STEAMERS 42122 147A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ANTONIO FONSECA of 370 CROSS ST
(Printed name of owner) (Street address)

BRIDGEWATER MA 02324, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ANTONIO FONSECA</u> (track, institution, agency, individual) Address: <u>370 CROSS ST</u> (Street address) <u>BRIDGEWATER MA 02324</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name _____	
Company _____	
Driver's license # _____ State _____	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Antonio Fonseca, 4-17-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, 5/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ANTONIO FONSECA of Kennel # 28
(Printed name of trainer/kennel operator)

Swear and affirm that BECK AND COLL 42172147E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ANTONIO FONSECA of 370 CROSS ST
(Printed name of owner) (Street address)

BRIDGEWATER MA 02324, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>ANTONIO FONSECA</u> (track, institution, agency, individual) Address: <u>370 CROSS ST</u> (Street address) <u>BRIDGEWATER, MA 02324</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name _____	
Company _____	
Driver's license # _____ State _____	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Archie Ferr 4-17-09
(Signature of trainer/kennel operator) (Date)

W. Cunningham 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Antonio Fonseca of Kennel # 28
(Printed name of trainer/kennel operator)

Swear and affirm that ACESNOF 42172 147K
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Antonio Fonseca of 370 Cross St
(Printed name of owner) (Street address)

BRIDGEWATER MA 02324, who last raced at Roxbury
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Antonio Fonseca</u> (track, institution, agency, individual) Address: <u>370 Cross St</u> (Street address) <u>BRIDGEWATER MA 02324</u> (City/town, State, Zip)

TRANSPORT AGENT

Name _____

Company _____

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4-17-09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Carolina Blast 27C 141263
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Charles Rink Jr. of 3671 Hughes-Gasque
(Printed name of owner) (Street address)

Aynor SC 29511, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Kennel Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Chris Fulchini</u>	
Company <u>SELF</u>	
Driver's license # <u>017-68-8840</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that BOC'S SHAKEN BAKE 46A 137252
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by B. BOECKENSTEDT of 31400 BELLEVUE DR.
(Printed name of owner) (Street address)

BELLEVUE MA IA 52031 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 125 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>B. BOECKENSTEDT</u> (track, institution, agency, individual) Address: <u>31400 BELLEVUE DR.</u> (Street address) <u>BELLEVUE IA 52031</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Fulchino / Chris Fulchino

Company self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTERICK [Signature] 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Boc's Lite it up 126E 140559
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Brad Boeckenstein of 31400 Bellevue Dr.
(Printed name of owner) (Street address)

Bellevue IA 52031, who last raced at Rayham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 1 61 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland Park</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andrew Sarra

Company SELF

Driver's license # 01370 7553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/6/09
(Signature of trainer/kennel operator) (Date)

[Signature] 5/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamachia of Kennel # S
(Printed name of trainer/kennel operator)

Swear and affirm that Boc's Jenni Jo 116A, 40272
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Brad Boekestedt of 31900 Bellevue Dr.
(Printed name of owner) (Street address)

Belleuve IA 52031 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input checked="" type="checkbox"/> 6. Other <u>SENT TO FARM</u> <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Herb Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 67601</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Herb Koerner</u> Company <u>Koerner Kennel</u> Driver's license # <u>K01-36-9086</u> State <u>KS</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamachia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that BOC's Freestyle 66C 1 B8040
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Brad Boekestedt of 31900 Bellevue Dr.
(Printed name of owner) (Street address)

Belleve IA 52036 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Herb Koerner</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1854 E. Hwy 40</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Hwy 5 KS 67601</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input checked="" type="checkbox"/> 6. Other <u>SENT TO FARM</u>	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Boc's Carmel 126B, 40700
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Brad Bueckenstedt of 31400 Bellevue dr.
(Printed name of owner) (Street address)

Bellevue IA 52031, who last raced at Royalhan,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6, 6, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland Park</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andrew Sarraz

Company SELF

Driver's license # 013707553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 6/6/09
(Signature of trainer/kennel operator) (Date)

[Signature], _____, _____
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Aloe Vera 56C, 37776
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Evelyn Mayfield of 2000 S. Plummer
(Printed name of owner) (Street address)

Chanute KS 66720, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11, 9, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GPA MA</u> (track, institution, agency, individual) Address: <u>PO Box 1495</u> (Street address) <u>Middleboro MA 02346</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>P. Mario Saltalamacchia</u> Company <u>Koerner Kennel</u> Driver's license # <u>549265167</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia)

(Method of disposition of body)

Signed under the pains and penalties of perjury,

[Signature]
(Signature of trainer/kennel operator)

11/9/09
(Date)

MARC ESTRICH
(Printed name of witness (MSRC Inspector))

[Signature]
(Signature of Witness MSRC Inspector)

11/13/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchi of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that CRIMSON BEAR 46A, 137760
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Glen Bishop of Po Box 392
(Printed name of owner) (Street address)

Magadiz Springs AR 36555, who last raced at Raytheon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9, 29, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Southland Greyhound Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1550 North Ingram Blvd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Memphis, AR 72301</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 9/30/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Maria Saltamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Chasmo's Walker 67B 142643
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Judith Moore of PO Box 684
(Printed name of owner) (Street address)

Great Bend KS 67530, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input checked="" type="checkbox"/> 6. Other <u>SENT TO FARM</u> <input type="checkbox"/> 7. Humanely euthanized*/ reason 	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 67610</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Dutch Koerner</u> Company <u>Koerner Kennel</u> Driver's license # <u>K01-36-9086</u> State <u>KS</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that CHASMO'S SCITATZ 86H 139255
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Judith Moore of Po Box 684
(Printed name of owner) (Street address)

GREAT BEND KS 67530 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 22 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Andy Sarraas / Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andy Sarraas

Company Self

Driver's license # 013-70-7553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/22/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Carolina RUCKUS 26K 36551
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Charles Rink Jr. of 3671 Hughes - Gasque
(Printed name of owner) (Street address)

Aynor SC 29511, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>RYAN RACING INC</u> (track, institution, agency, individual) Address: <u>WONDERLAND PARK</u> (Street address) <u>REVERE, MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING INC

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 7/15/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 7-17-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that CURLIN SBG, 37776
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Wade Mayfield of 2000 S. PLUMMER
(Printed name of owner) (Street address)

Charlote KS. 66720, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4, 22, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Andy Sarra's / Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andy Sarra's

Company Self

Driver's license # 013-70-7553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 4/22/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Maria Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Diamond Sun 126C, 40741
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Antonio Fonseca of 370 Cross St.
(Printed name of owner) (Street address)

Bridgewater MA 02334 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10, 16, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>John Dickinson / Hollywood</u> (track, institution, agency, individual) Address: <u>831 N. Federal Highway</u> (Street address) <u>Hallandale FL 33009</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickinson</u>	
Company <u>Self</u>	
Driver's license # <u>D252-473-62-229-0</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 10/16/09
(Signature of trainer/kennel operator) (Date)

[Signature] 10/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Sallalimacche of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Digging up Bones 47D, 42172
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Antonio Fonseca of 320 cross st
(Printed name of owner) (Street address)

Bridgewater MA 02334, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 18 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>John Dickinson / Hollywood</u> (track, institution, agency, individual) Address: <u>831 N. Federal Highway</u> (Street address) <u>Hallandale FL 33009</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company self

Driver's license # D252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 10/18/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamachia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that DIME LINE STD 142222
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Evelyn Mayfield of 2000 S. Plummer
(Printed name of owner) (Street address)

Charute KS 66720, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Herb Koerner</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>1854 E. Hwy 40</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Hays KS 66071</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____ 11/9/09
(Signature of trainer/kennel operator) (Date)

MARCESTRICH _____ 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that CRIMSON LEO 75B, 34374
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Glen Bishop of PO Box 392
(Printed name of owner) (Street address)

Magnolia Springs AL 36555, who last raced at Rayaham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 129 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Southland Greyhound Park</u> (track, institution, agency, individual) Address: <u>1550 N. Ingram Blvd</u> (Street address) <u>West Memphis, AR 72301</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blasko

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/30/09
(Signature of trainer/kennel operator) (Date)

M. T. Cunningham [Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that C.ry Vern 12SE 1 36149
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Finn, Bradley, Morin of 30 Boyden Blvd.
(Printed name of owner) (Street address)

Riverside Rte RI 02915, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Gulf Greyhound Park</u> (track, institution, agency, individual) Address: <u>1000 Fw 2004</u> (Street address) <u>La Marque TX 77568</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blasle

Company Silver Bullet

Driver's license # 6266 444 622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/11/09
(Signature of trainer/kennel operator) (Date)

M. J. Cunningham, [Signature], 11/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltakamachian of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Chasmo's Helio 36E 136989
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Judith Moore of Po Box 684
(Printed name of owner) (Street address)

Great Bend KS 67530, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 1 9 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 67610</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Dutch Koerner</u> Company <u>Koerner kennel</u> Driver's license # <u>K01-36-9086</u> State <u>KS</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Chasmo's Herrera 86A 139255
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Judith Moore of PO Box 684
(Printed name of owner) (Street address)

Great Bend KS 67570, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Dutch Koerner</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1854 E. Hwy 40</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Hays KS 67610</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input checked="" type="checkbox"/> 6. Other <u>SENT TO FARM</u>	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner Kennel

Driver's license # KO1-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/10/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Maria Saltamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Chasmo's Moyer 86F / 39255
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Judith Moore of PO Box 684
(Printed name of owner) (Street address)

Great Bend KS 67570, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Dutch Koerner</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1854 E. Hwy 40</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Hays KS 67610</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input checked="" type="checkbox"/> 6. Other <u>SENT TO FARM</u>	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner Kennel

Driver's license # KO1-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Carolina Omen 37E 141613
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Charles Rink Jr. of 3671 Hughes - Gasque
(Printed name of owner) (Street address)

Aynor SC 29511, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>St. Petersburg Kennel Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamachia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Carolina Flare 1
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Charles Rink Jr of 3671 Hughes - Gasque
(Printed name of owner) (Street address)

Aynor SC 29511, who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>St. Petersburg Kennel club</u> (track, institution, agency, individual) Address: <u>10490 Candy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Chris Fulchino</u> Company <u>self</u> Driver's license # <u>017-68-8840</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfalamarca of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Carolina Flame 27B 141263
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Charles Rink Jr. of 3671 Hughes - Gasque
(Printed name of owner) (Street address)

Aynor SC 29511, who last raced at _____
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg kennel club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gandy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg FL 33702</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Chris Fulchino

Company SELF

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Sallamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Carolina Emblem 37D 141613
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Charles Rink Jr of 3671 Hughes Gasque
(Printed name of owner) (Street address)

Aynor SC 29511, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 1 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Kennel Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # S
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Dynasty 117E 145105
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koernes of 1854 E Hwy 40
(Printed name of owner) (Street address)

Hays Ks 67601 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Derby Lane kennel club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gandy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg FL 33702</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Chris Fulchino

Company self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

[Signature] 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Luis Amaral of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Dynamo 46A 137861
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Goerner of 1854 E US Hwy 40
(Printed name of owner) (Street address)

Hays KS 67410, who last raced at RTBP
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Herb Goerner</u> (track, institution, agency, individual) Address: <u>1854 E US Hwy 40</u> (Street address) <u>Hays, KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Bob Messenger

Company Messenger TRANS

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Luis Amaral, 1-16-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Luis Anaral of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Drummer 115 D 136544
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. US Hwy 40
(Printed name of owner) (Street address)

Hays KS 67410, who last raced at RTBP
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Herb Koerner</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>1854 E. US Hwy 40</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Hays, KS 67410</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Bob Messenger</u>
Company <u>Messenger Trans</u>
Driver's license # <u>K00-71-5972</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Luis Anaral, 1-16-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Camilla 45C 137061
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 2233 Deer Rd.
(Printed name of owner) (Street address)

Abilene KS 66720 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 12 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input checked="" type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY <i>Dutch Koerner</i></p> <p>Name: <u>Herb Koerner</u> (track, institution, agency, individual)</p> <p>Address: <u>(same) 1854 E. US Hwy 40</u> (Street address)</p> <p><u>(same) Hays KS 67601</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Bob messenger

Company self

Driver's license # K0071 5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____ 8/21/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham _____ 9/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that DJAYS KASH IT IN 1250 135969
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Huys KS 67601 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Huys KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel/operator) (Date)

MARL REBILIT [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that DJAYS NOMORELIES 36D 137039
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11, 9, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>GPA MA</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Po Box 1498</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Middleboro MA 02346</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name P. Mario Saltalamacchia

Company Koerner Kennel

Driver's license # S49765167 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that DJAYS Playboy 36A 1 37039
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>GPA MA</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Po Box 1495</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Middleboro MA 02346</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name P. Mario Saltalamacchia

Company Koerner Kennel

Driver's license # S4976S 167 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfalana of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that DOCK D JAYS HOLDMEBARK 12601 40474
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11, 9, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Herb Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 66701</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # KO1-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Denis Amoral of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that D Jay Incedspeed 125 E 135969
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1845 E US Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601 who last raced at Bayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 13 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input checked="" type="checkbox"/> 7. Humanely euthanized*/ reason <u>open complete (R) tarsal fx</u>	Name: <u>Abington Animal Hosp</u> (track, institution, agency, individual) Address: <u>19 RANDOLF ST</u> (Street address) <u>Abington, Mass 02351</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Anna Chojnacki-Durgin

Company self R-T park

Driver's license # S 315 91893 State MA

* Complete if method of disposition was euthanasia:

Anna Chojnacki-Durgin D.V.M. veterinarian
(Name of person who performed euthanasia) (Affiliation, title)
IV euthanasia solution abington animal hospital
(Method of euthanasia) (Method of disposition of body) angel view pet cemetery

Signed under the pains and penalties of perjury, Denis Amoral, 2/29/09
(Signature of trainer/kennel operator) (Date)
Michael Cunningham, Michael Cunningham, 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Charmayne 251 130853
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Dutch Koerner</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>1854 E. Hwy 40</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Hays KS 67601</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____ 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Maris Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Bundy 116D, 40152
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb "Dutch" Koerner of 1854 E Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Dutch Koerner</u> Company <u>Koerner kennel</u> Driver's license # <u>K01-36-5602</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Luis Amara of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Delightful 16E, 135980
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. US Hwy 40
(Printed name of owner) (Street address)

Halls KS 67410, who last raced at RT&P
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 1 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Herb Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. US Hwy 40</u> (Street address) <u>Halls, KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Bob Messenger</u> Company <u>Messenger TRANS</u> Driver's license # <u>K00-71-5972</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Luis Amara 1-16-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Denial 117H 145105
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>50 penn & Stone st.</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner Kennel

Driver's license # K01-36-5602 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/19/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 11-16-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Dison 117E 1 4510S
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koernes of 1954 E Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601 who last raced at Rainham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Derby Lane kennel club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Chris Fulchino</u> Company <u>self</u> Driver's license # <u>017-68-8840</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/4/09
(Signature of trainer/kennel operator) (Date)

[Signature] 11/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P-Mario Salfaluanachon of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch DOBSON 56 B 1 37547
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Rayburn,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Herb Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 66701</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # S
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Dabney 117F, 4510S
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koernes of 1854 E Mary 40
(Printed name of owner) (Street address)

Hays Ks 67601 who last raced at Rainham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Derby Lane kennel club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Chris Fulchino</u> Company <u>self</u> Driver's license # <u>017-68-8840</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MTCunningham, [Signature], 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfalunachon of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Danish 117B 148105
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Rayhan,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Herb Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 66701</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Herb Koerner</u> Company <u>Koerner Kennel</u> Driver's license # <u>KO1-36-9086</u> State <u>KS</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Maris Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Doogie 16B 1 36175
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb "Dutch" Koerner of 1854 E Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Dutch Koerner</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>1854 E. Hwy 40</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Hays KS 67601</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner kennel

Driver's license # K01-36-5602 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/6/09
(Signature of trainer/kennel operator) (Date)

[Signature] 11/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Davis 117A 148105
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Dayton 86E 139149
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hwy 5 KS 67601 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hwy 5 KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 12/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfalana of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Dazzle 38A, 46066
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1884 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11, 9, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Herb Koerner</u> (track, institution, agency, individual) Address: <u>1884 E. Hwy 40</u> (Street address) <u>Hays KS 66701</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # KO1-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARL ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salkemacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Dominator 117C 143105
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 66701, who last raced at Rayham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Kennel Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Chris Fulchino</u> Company <u>self</u> Driver's license # <u>017-68-2840</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfamacchia of Kennel # S
(Printed name of trainer/kennel operator)

Swear and affirm that DUTCH LILIANA 85C, 133957
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 2233 Deer Rd.
(Printed name of owner) (Street address)

Asilene KS 67410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4, 22, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Andy Sarras / Wonderland</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>190 VFW Parkway</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Revere MA 02151</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Andy Sarras

Company SELF

Driver's license # 013-70-7553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 4/22/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 4/23/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Patty Ann 38C 1 45979
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Flagler Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th CT.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami FL 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Chris Fulchino</u>
Company <u>SCIF</u>
Driver's license # <u>017-68-8840</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Maris Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Larue 97C, 44192
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb "Dutch" Koerner of 1854 E Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Dutch Koerner</u> Company <u>Koerner kennel</u> Driver's license # <u>K01-36-5602</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

[Signature], 11-9-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Lavita 127C 1 45190
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Dutch Koerner</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>1854 E. Hwy 40</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Hays KS 67601</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARIE ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Leon 47C, 41957
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koernes of 1954 E Hwy 40
(Printed name of owner) (Street address)

Hays Ks 67601 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Derby Lane kennel club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gandy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg FL 33702</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Chris Fulchino</u>
Company <u>self</u>
Driver's license # <u>017-68-8840</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/6/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 11/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Marie Saltalamacchia of Kennel # 3
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Kazoo 97A, 44192
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 2233 Deer Rd.
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 16 / 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY <u>FLAGLER</u></p> <p>Name: <u>Charter kennel / Hotly good</u> (track, institution, agency, individual)</p> <p>Address: <u>401 NW 38th Ct.</u> (Street address)</p> <p><u>Miami FL 33126</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name John Dickinson

Company SELF

Driver's license # D252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 10/16/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness-MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Kermin 45B 137061
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Ronald Kermin of 733 3rd St.
(Printed name of owner) (Street address)

Windber PA 15963, who last raced at Maynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling downs</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>50 Penn & Stone St.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling WV 26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Dutch Koerner</u>
Company <u>Koerner Kennel</u>
Driver's license # <u>K01-36-5602</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 11-4-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Huckabee 57C 1 42207
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Kocmer of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67606 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Flagler kennel club</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT.</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Chris Fulchino</u> Company <u>self</u> Driver's license # <u>017-68-8840</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Gladly 48B 1 46455
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays ks 67610, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Flagler Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th CT</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami FL 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Farina 65I 1 33302
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>GPA MA</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Po Box 1495</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Middleboro MA 02346</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name P. Mario Saltamacchia

Company Koerner Kennel

Driver's license # S49765 167 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that JERKYL ISLAND JO 48E 146418
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Evelyn Mayfield of 2000 S. Plummer
(Printed name of owner) (Street address)

Charote KS-66720 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>St. Petersburg Kennel club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gandy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Petersburg FL 33702</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that ICU RAMPAGE 676 143102
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Finn of 30 Boyden Blvd.
(Printed name of owner) (Street address)

Riverside RI 02915, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>GPA MA</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>PO Box 1495</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Middleboro MA 02346</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name P. Mario Saltalamacchia

Company Koerner Kennel

Driver's license # 549265167 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that ICU ZINDERELLA 516 142309
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Finn of 30 Boyden Blvd.
(Printed name of owner) (Street address)

Riverside RI 02915, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GPA MA</u> (track, institution, agency, individual) Address: <u>PO Box 1495</u> (Street address) <u>Middleboro MA 02346</u> (City/town, State, Zip)

TRANSPORT AGENT	
Name <u>P. Mario Saltalamacchia</u>	
Company <u>Koerner Kennel</u>	
Driver's license # <u>549265167</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARL ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfatamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Humdinger Doll 17C 1 91021
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Finn B. Morin of 30 Boyden Blvd.
(Printed name of owner) (Street address)

Riverside RI 02915, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 1 107
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Bulf Greyhound Park</u> (track, institution, agency, individual) Address: <u>1000 FM 2004</u> (Street address) <u>La Marque TX 77568</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Kevin Blaske</u> Company <u>Silver Bullet</u> Driver's license # <u>444 622621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/1/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 11/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that HOLLISTON MARTY 47L 142172
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Antonio Fonseca of 370 CROSS ST.
(Printed name of owner) (Street address)

Bridgewater MA 02324 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland / Andy Sarrao</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere MA 02151</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Mario Saltalamacchia</u> Company <u>Kolner Kennel</u> Driver's license # <u>549265167</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/15/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 4-15-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Flat Out Eric 46B 1 37300
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 1 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Herb Koerner</u> Company <u>Koerner Kennel</u> Driver's license # <u>K01-369086</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltamacqua of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that FLAT OUT IGNACIO 10661 39810
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Frosty Flies 57A 1 42222
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Evelyn Mayfield of 2000 S. Plummer
(Printed name of owner) (Street address)

Charote KS. 66720 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Kennel club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ~~Dan~~ Chris Fulchino

Company Self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARLESTRIKA, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that GREAT GAYLE 75D 133518
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Raymond Thurber of 4659 Holmes Valley Rd.
(Printed name of owner) (Street address)

Vernon FL 32462, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 22 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Ray Thurber / Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere MA 02151</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Andy Sarra</u> Company <u>self</u> Driver's license # <u>013-70-7553</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 4/22/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 4/23/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Reward USA 146455
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Flagler Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th CT.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami FL 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Chris Fulchino

Company Self

Driver's license # 017-68-8840 State CT

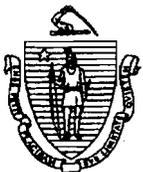
* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Rummel 24 B 1 24745
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1884 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Dutch Koerner</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1884 E. Hwy 40</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Hays KS 67601</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner Kennel

Driver's license # 401-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARL ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfalunacion of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Rustler 48F 1 46455
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Rayburn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11, 9, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Herb Koerner</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>1854 E. Hwy 40</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Hays KS 66701</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Herb Koerner</u>
Company <u>Koerner Kennel</u>
Driver's license # <u>KO1-36-9086</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC RYTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Dutch Tempe 65H 1 33302
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Rayham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>50 Penn & Stone St.</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Dutch Koerner</u> Company <u>Koerner Kennel</u> Driver's license # <u>K01-36-5602</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/19/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature], 11/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Luis Amaral of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Dream Date 26B 136431
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. Alton Way
(Printed name of owner) (Street address)

Denver CO 80231, who last raced at RTFP
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daniel Cortillo</u> (track, institution, agency, individual) Address: <u>1600 Louisquisset Pike</u> (Street address) <u>Lincoln RI 02865</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Daniel Cortillo

Company Daniel Cortillo

Driver's license # 8602574 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Luis Amaral 1-9-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 1-9-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Krowa Easy Edge 26A 136655
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. Alton way
(Printed name of owner) (Street address)

Denver CO 80231, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Smith Greyhounds</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>2229 S. Alton way</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Denver CO 80231</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner Kennel

Driver's license # K 01-36-5602 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/19/09
(Signature of trainer/kennel operator) (Date)

[Signature], 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Ktowa Easy Elsie 26E / 36655
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. Alton way
(Printed name of owner) (Street address)

Denver CO 80231, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E Hwy 40</u> (Street address) <u>Hays KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner Kennel

Driver's license # K 01-36-8602 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/6/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Easy Evatt 26F / 136655
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. Alton way
(Printed name of owner) (Street address)

Denver CO 80231, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Smith Greyhounds</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>2229 S. Alton way</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Denver CO 80231</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Dutch Koerner

Company Smith Koerner Kennel

Driver's license # K 01-36-5602 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/6/09
(Signature of trainer/kennel operator) (Date)

WTC Cunningham, [Signature], 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Kay J solitary 85A 13410
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. Alton Way
(Printed name of owner) (Street address)

Denver CO 80231 who last raced at Rayhnam
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>50. Penn & Stone st.</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner Kennel

Driver's license # K 01-36-5602 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/19/09
(Signature of trainer/kennel operator) (Date)

[Signature], 11/19/09
(Printed name of witness (MSRC Inspector)) (Signature of witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. MARIO SALTALAMACITA of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that KERM'S CHOICE 67C 142700
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by J. KAWCHAK, R. FERMIN of 1720 CLAPBOARD RUN Rd.
(Printed name of owner) (Street address)

Johnstown PA 15904 who last raced at Rayaham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 125 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>J. KAWCHAK</u> (track, institution, agency, individual) Address: <u>1720 CLAPBOARD RUN Rd</u> (Street address) <u>Johnstown PA 15904</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Fred Fulchino / Chris Fulchino</u> Company <u>self</u> Driver's license # <u>017-68-8840</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICIT [Signature] 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Key West Kid 48F 1 46418
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Evelyn Mayfield of 2000 S. Pummer
(Printed name of owner) (Street address)

Chante US 66720, who last raced at Bayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Kennel Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company ~~Massachusetts~~ Self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Aguedoct 16C 136098
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. Alton way
(Printed name of owner) (Street address)

Denver CO 80231, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Smith Greyhounds</u> (track, institution, agency, individual) Address: <u>2229 S. Alton way</u> (Street address) <u>Denver CO 80231</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner Kennel

Driver's license # K 01-36-5602 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/6/09
(Signature of trainer/kennel operator) (Date)

[Signature]
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that PJ's Trash Talk 86B / 39006
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Bitterman of 12 Pheasant Run Ln.
(Printed name of owner) (Street address)

Lancaster NY 14086 who last raced at Bayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1454 E. Hwy 40</u> (Street address) <u>Hays KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner Kennel

Driver's license # KO1-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltakemacchie of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Nimby Tip 126J 140S11
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Finn, Bradley, Mo of 30 Boyden Blvd.
(Printed name of owner) (Street address)

Riverside RI 02915, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Gulf Greyhound Park</u> (track, institution, agency, individual) Address: <u>1000 Fm 2004</u> (Street address) <u>La Marque TX 77568</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blasko

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/11/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 11/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that OKGO Breakout 66C 13842S
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Finn of 30 Borden Blvd.
(Printed name of owner) (Street address)

Riverside RI 02915, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>GPA MA</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>PO Box 1495</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Middleboro MA 02346</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name P. Mario Saltalamacchia

Company Koerner Kennel

Driver's license # 549265167 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that ON THE CLOWN 47I, 42172
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Antonio Fonseca of 370 Cross St.
(Printed name of owner) (Street address)

Bridgewater MA 02324, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Antonio Fonseca</u> (track, institution, agency, individual) Address: <u>370 cross st.</u> (Street address) <u>Bridgewater MA 02324</u> (City/town, State, Zip)

TRANSPORT AGENT

Name P. Mario Saltalamacchia

Company Koerner Kennel

Driver's license # 549265167 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 10/11/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that OSA MARTIN 48D 146d18
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Evelyn Mayfield of 2000 S. Plummer
(Printed name of owner) (Street address)

Chanote VS 66720, who last raced at Ruyghan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Kennel club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Chris Fulchino</u> Company <u>self</u> Driver's license # <u>017-68-8840</u> State <u>CT</u>

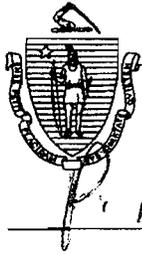
* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARLENE ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salklamarchis of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Moon Sun 126F, 40701
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Antonio Fonseca of 370 Cross St.
(Printed name of owner) (Street address)

Bridgewater MA 02234 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Island</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1 S. Stone St.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling WV 26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Fred Fulchini - Chris Fulchini

Company SELF

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 10/17/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 10/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltamacchusa of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that LIC RED DUCHESS STF 1 42222
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Evelyn Mayfield of 2000 S. Plummer
(Printed name of owner) (Street address)

Chauvte KS 66770 who last raced at Rayaham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 1 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wholery Island</u> (track, institution, agency, individual) Address: <u>So. Pear & Stone st</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Dutch Koerner</u> Company <u>Koerner kennel</u> Driver's license # <u>K01-36-5602</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/6/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that KIOWA TANNA 56B 137744
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. Alton way
(Printed name of owner) (Street address)

Denver CO 80231, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>FLAGLER Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th CT</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami FL 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Chris Fulchino

Company self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICOT [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario S. Itakamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that KIOWA EASY EARL 26 I 1 36655
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. ALTON WAY
(Printed name of owner) (Street address)

Denver CO 80231 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>2233 Deers Rd</u> (Street address) <u>Abilene KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Bob messenger

Company self

Driver's license # K 00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/11/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Mon Money 266 1 36428
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 South Alton way
(Printed name of owner) (Street address)

Denver CO 80231, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Flagler Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company SELF

Driver's license # 017-68-8840 State CT

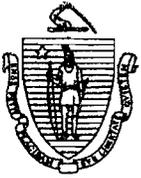
* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness/MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamachia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that UCME SILENT LAD 36B 136893
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Shelly Rangel of 2233 Deer Rd.
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Dutch Koerner</u> Company <u>Koerner Kennel</u> Driver's license # <u>K01-36-9086</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salkalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that UCME stretchnit 36D / 36893
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Shelly Rangel of 2233 Deer Rd.
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Shelly Rangel</u> (track, institution, agency, individual) Address: <u>2233 Deer Rd.</u> (Street address) <u>Abilene KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Datha Koerner

Company Koerner Kennel

Driver's license # K01-36-5602 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

[Signature], 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that UCME Thug Angel 266 1 36361
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Dutch Koerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays KS 67601, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 07
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Flayler Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th Ct.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami FL 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Chris Fulchino

Company SELF

Driver's license # 017-58-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Van's Dotcom 7SC 133785
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Karolya Van Winkle of 18269 111th Rd.
(Printed name of owner) (Street address)

Winfield KS 67156, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6, 27, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>GPA Massachusetts</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 1495</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Middleboro MA 02346</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214718749 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6/27/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbourn, Alexandra Lightbourn, 7/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that UCME Hank the tank 75D 133619
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Brad Boekestedt of 31900 Bellevue Dr.
(Printed name of owner) (Street address)

Belleve IA 52031 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Herb Koerner</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1854 E. Hwy 40</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Hays KS 67601</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input checked="" type="checkbox"/> 6. Other <u>SENT TO FARM</u>	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Herb Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that UCME DEAL THE HEAT 766 138955
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Shelly Rangel of 2233 Deer Rd.
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>2233 Deer Rd.</u> (Street address) <u>Abilene KS. 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Bob messenger

Company SELF

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/11/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 3/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Luis Amara of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Veine El Diablo 26F, 136361
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Koerner of 1854 E. US Hwy 40
(Printed name of owner) (Street address)

Hays KS 67410, who last raced at RTOP
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 16, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Herb Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. US Hwy 40</u> (Street address) <u>Hays KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Bob Messenger</u> Company <u>Messenger TRANS</u> Driver's license # <u>K00-71-5972</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Luis Amara, 1-16-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, 1-17-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfalanacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that TK Checkered Flag 26E 1 36514
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Finn of 30 Boyden Blvd.
(Printed name of owner) (Street address)

Riverside RI 02915, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Kennel Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Tk RAZOR EDGE 26A1 36514
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Finn of 30 Boyden Blvd.
(Printed name of owner) (Street address)

Riverside RI 02915 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GPA MA</u> (track, institution, agency, individual) Address: <u>PO Box 1495</u> (Street address) <u>Middleboro MA 02346</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>P. Mario Saltalamacchia</u> Company <u>Koerner Kennel</u> Driver's license # <u>549265167</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Teton Peppercorn 87A 1 43845
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Herb Roerner of 1854 E. Hwy 40
(Printed name of owner) (Street address)

Hays Us 67607 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Flagler Greyhound track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/19/09
(Signature of trainer/kennel operator) (Date)

MARC ESTACH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that SOLITARY WADE 116A140168
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Evelyn Mayfield of 2000 S. Pummer
(Printed name of owner) (Street address)

Chante US 66720, who last raced at Rayham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>St. Petersburg Kennel Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Chris Fulchino</u> Company <u>Greyhound Self</u> Driver's license # <u>017-58-8840</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Luis Amaral of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Steel Breeze 16A 136267
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Daniel Contillo of 32 Whipple Rd
(Printed name of owner) (Street address)

Smithfield RI 02917, who last raced at RTBP
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Daniel Contillo</u> (track, institution, agency, individual) Address: <u>1600 Louisquisset Pike</u> (Street address) <u>Lincoln, RI 02865</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Daniel Contillo</u> Company <u>Daniel Contillo</u> Driver's license # <u>8602574</u> State <u>RI</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Luis Amaral 1-9-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 1-9-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, R. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that R's Luckystar SEB 137966
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by R. Johnson of 505 Taylor
(Printed name of owner) (Street address)

Ellis KS 67637, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 22 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Andy Sarras / wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andy Sarras

Company SELF

Driver's license # 013-70-7553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/22/09
(Signature of trainer/kennel operator) (Date)

[Signature] 5/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that SAIL WITH ME 48B 146418
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Evelyn Mayfield of 2000 S. Pummer
(Printed name of owner) (Street address)

Charute US 66720, who last raced at Payham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg Kennel Club</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd.</u> (Street address) <u>St. Petersburg FL 33702</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Chris Fulchino</u> Company <u>Massachusetts Self</u> Driver's license # <u>017-58-8840</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRELLA [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamachia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Sedona star 56F, 37776
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Evelyn Mayfield of 2000 S. Plummer
(Printed name of owner) (Street address)

Chenute KS 66720, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Flagler Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th Ct.</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/19/09
(Signature of trainer/kennel operator) (Date)

[Signature], 11-6-09
(Printed name of witness (MSRC/Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that R's Lucky Link 11SE 135644
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by R. Johnson or Herb Koerns of 505 Taylor
(Printed name of owner) (Street address)

Ellis KS 67637, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Flagler Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th ct.</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company self

Driver's license # 017-68-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/19/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamachia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Ray V Evening 85D 134289
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alan K. Flower of 2229 S. Alton way
(Printed name of owner) (Street address)

Denver CO 90231, who last raced at Mayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input checked="" type="checkbox"/> 6. Other <u>SENT TO FARM</u> <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Dutch Koerner</u> Company <u>Koerner Kennel</u> Driver's license # <u>KO1-36-9086</u> State <u>KS</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfamaechie of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that Petty Larcey 47C, 42172
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Antonio Fonseca of 370 Cross St
(Printed name of owner) (Street address)

Bridgewater MA 02334, who last raced at Roughhouse
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10/16/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>John Dickinson / Hollywood</u> (track, institution, agency, individual) Address: <u>831 N. Federal Highway</u> (Street address) <u>Hallandale FL 33009</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company self

Driver's license # D252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____ 10/16/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham _____ 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that P5-s Exploited 866139006
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Bitterman of 12 Pheasant Run Ln.
(Printed name of owner) (Street address)

Lancaster NY 14086, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Dutch Koerner</u> (track, institution, agency, individual) Address: <u>1854 E. Hwy 40</u> (Street address) <u>Hays KS 67601</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Dutch Koerner

Company Koerner Kennel

Driver's license # K01-36-9086 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 11/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, F. Mario Salkalunachon of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that DJ's Play Action 105A, 35142
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by W. McCarthy of 5923 N.E. Circle
(Printed name of owner) (Street address)

Chicago IL 60631, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10/16/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Trudeau / Hollywood</u> (track, institution, agency, individual) Address: <u>831 N. Federal Highway</u> (Street address) <u>Hallandale FL 33009</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickinson</u>	
Company <u>SELF</u>	
Driver's license # <u>D252-473-62-229-0</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 10/16/09
(Signature of trainer/kennel operator) (Date)

[Signature] 10/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 5
(Printed name of trainer/kennel operator)

Swear and affirm that PS's Seeya Imgone 86C, 39006
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Paul Bitterman of 12 Pheasant Run Ln.
(Printed name of owner) (Street address)

Lancaster NY 14086, who last raced at Playa Haven
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8, 21, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Amazing Greyz / Adoption</u> (track, institution, agency, individual) Address: <u>Po Box 387</u> (Street address) <u>Sheldonville MA 02070</u> (City/town, State, Zip)

TRANSPORT AGENT

Name P. Mario Saltalamacchia

Company Kolner Kennel

Driver's license # 549255167 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/21/09
(Signature of trainer/kennel operator) (Date)

[Signature] 8/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Sky Master 77H / 43406
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abilene KS. 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 1 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wonderland</u> (track, institution, agency, individual) Address: <u>90 VFW Parkway</u> (Street address) <u>Revere MA, 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Harry Chin

Company KYAN FARMS INC.

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 4-1-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 4-1-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Sunlight 57B / 42261
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 FAIC RD.
(Printed name of owner) (Street address)

Abilene Ks. 67410, who last raced at Ravenna
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 1 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW PARKWAY</u> (Street address) <u>Rever MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Henry Chin

Company RYAN FARMS INC.

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 4/1/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Ulysses 65A 133131
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jack Sherk of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene KANSAS 67410, who last raced at RAY
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 126 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue of NE</u> (track, institution, agency, individual) Address: <u>PO Box 507</u> (Street address) <u>Mendon Ma 01736</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 3/26/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICIT, [Signature], 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Tecumsah's Dream H42321 87B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Suzanne Menard of 593 Pomfret St
(Printed name of owner) (Street address)

Putman 04 06206 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 29 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wonderland</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>190 VFW PARKWAY</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Revere MA 02151</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Henry Chiv

Company 7402428

Driver's license # 035-32-6053 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightburn, Alexandra Lightburn, 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that STARZ Shirley 76F138905
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jack Sherek of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene KANSAS 67410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 12 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input checked="" type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Dianne Herring</u> <u>Greyhound Rescue</u> (track, institution, agency, individual)</p> <p>Address: <u>200 Providence Rd</u> (Street address)</p> <p><u>Mendon MA 01756</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214718744 State CA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 11/1/09
(Signature of trainer/kennel operator) (Date)

M Cunningham, [Signature], 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael T. Cunningham of Kennel # 73
(Printed name of trainer/kennel operator)

Swear and affirm that Free State 72F 1392G
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tommy... of 2728...
(Printed name of owner) (Street address)

... (City/town) ... (State) ... (Zip code), who last raced at ... (Name of track)

had the following manner of disposition on
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>...</u> (track, institution, agency, individual) Address: <u>401 NW 39th St</u> (Street address) <u>Miami, Florida 33122</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Duberson

Company SELF

Driver's license # ... State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael T. Cunningham ...
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham ...
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that STARZ SAY WHAT _____
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NJ SHERCK of 3228 FAIR RD
(Printed name of owner) (Street address)

Abilene Ks 67410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Flagler Race Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami Florida 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickerson

Company SELF

Driver's license # D252-473-62729-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11/16/09
(Signature of trainer/kennel operator) (Date)

MIT Cunningham [Signature] 11/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that STARZ KOWANNE LLD 138321
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NJ Sherock of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene Ks 67410 who last raced at Ranchoham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Flagler Race Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami Florida 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickerson

Company Self

Driver's license # D252-473-6229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11/6/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 11/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 53
(Printed name of trainer/kennel operator)

Swear and affirm that STAYZ ROSS 42936, 67A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NT Sherck of 2228 FAIR RD
(Printed name of owner) (Street address)

Abilene Ks. 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 22 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW PARKWAY</u> (Street address) <u>Revere MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name M. Boyd

Company SUNCOAST

Driver's license # 023-46-0420 State MA.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____
(Signature of trainer/kennel operator) (Date)

MTCunningham _____ 5/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Renegade 67C / 42936
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 FAIR RD
(Printed name of owner) (Street address)

Abilene Ks. 6750, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 1 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW PARKWAY</u> (Street address) <u>Revere MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Harry Chin

Company Ryan Farms Inc.

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 4-19
(Signature of trainer/kennel operator) (Date)

MARCESTRICH _____ 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Solitary Orphan 47D/42151
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abilene Ks. 67410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 1 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere MA. 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Henry Chic

Company Ryan Farms, Inc.

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 4-1-9
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 4-1-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, James Bond of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Frankie DeLash Co 23A 1-1918
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jack Sherk of 2278 Park Rd
(Printed name of owner) (Street address)

Worcester Kansas 6740 who last raced at Raymond
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Frankie</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>20.130 37 - 40V</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Worcester - Kansas 6740</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Tom Wilson

Company SEIF

Driver's license # 12-2-928220 State T

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael T. Cunningham 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that STARZ MACARENA 76F, 38884
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by JACK SHERCK of 2228 FAIR RD
(Printed name of owner) (Street address)

Abilene Ks 67410 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 11 4 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Adoption Service</u> (track, institution, agency/individual) Address: <u>16 JACK-LEN DR</u> (Street address) <u>JALISBURG MA 01952</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Packard

Company SELF

Driver's license # 537271630 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11/11/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham MRC 11-14-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Miracle 57A / 42488
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene KS. 67410, who last raced at Raymond
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 11 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere Ma. 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Henry Chin

Company RYAN FARMS INC

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 4-1-9
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Scott Scharff of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Olympia 36L 136745
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by A.J. Sherck of 2228 East Rd.
(Printed name of owner) (Street address)

ABieleng KS 67410, who last raced at Raysport
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Adopt A Greyhound Inc</u> (track, institution, agency, individual) Address: <u>682 Sawd Wick Rd</u> (Street address) <u>Falmouth MA 02541</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Lin Jensen</u> Company <u>Lin Jensen</u> Driver's license # <u>214 718744</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/16/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/31/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that STARZ HORIZON 55A 132895
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jack Sherk of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene KANSAS 67410, who last raced at RAY
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 1 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue (Good)</u> (track, institution, agency, individual) Address: <u>PO Box 196</u> (Street address) <u>Buffalo New York 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # ZHM18744 State 04

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 3/1/09
(Signature of trainer/kennel operator) (Date)

MARC EBRICH [Signature] 3/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Scott Scharff of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Dot Dwayne 1
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NT Shertck of 2228 Fair RD
(Printed name of owner) (Street address)

Abilene KS 67410 who last raced at Ranfaun
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 31 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Greyhound Rescue of Quebec</u> (track, institution, agency, individual)</p> <p>Address: _____ (Street address)</p> <p><u>Montreal Canada</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)
Signed under the pains and penalties of perjury, <u>[Signature]</u> , <u>1/31/09</u> (Signature of trainer/kennel operator) (Date)	
<u>MARC ESTRICH</u> , <u>[Signature]</u> , <u>1/31/09</u> (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)	

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Starz Can Buy 95A 134818
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene Ks. 67410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 1 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wonderland</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>PO VFW Parkway</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Roseme</u> <u>MA.</u> <u>02151</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Henry Chik

Company RYAN FARMS, INC.

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 4-1-9
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 4-1-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that STARZ CANCEL 75C 133871
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jack Sherell of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene Kansas 67410 who last raced at Rayburn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 1 27 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>CPA MASS</u> (track, institution, agency, individual) Address: <u>PO Box 1495</u> (Street address) <u>Middleboro Mo 02346</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 21478744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 6/27/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbunpm Alexandra Lightbunpm 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Solitary Sun Drop 67I 142704
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jack Sherek of 2228 Fair Rd
(Printed name of owner) (Street address)

Abitene KANSAS 67410 who last raced at Payson
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 12 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Pits Jenette Reynolds</u> (track, institution, agency, individual) Address: <u>PO Box 38203</u> (Street address) <u>Dartmouth US Canada</u> (City/town, State, Zip) <u>B3B 1X2</u>

TRANSPORT AGENT

Name Andrew SARRAS

Company _____

Driver's license # 013-70-7553 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 5/25/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbown Alexandra Lightbown 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that JOLITARY Disco 856.134744
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jack Scheel of 2228 Fay Rd
(Printed name of owner) (Street address)

Abilene Kansas Kansas 67410 who last raced at KAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>GPA of Conn</u> (track, institution, agency, individual) Address: <u>PO. Box 900</u> (Street address) <u>Avon Conn 06001</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Linda Jensen</u> Company <u>SELF</u> Driver's license # <u>214718744</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))
Michael T. Cunningham 12/19/09
(Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Laurie's Memory 115 E 135490
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Currier Kennel of 46 Monument Rd
(Printed name of owner) (Street address)

Orleans MA 02653, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 12 2009
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue Adoption Tr</u> (track, institution, agency, individual) Address: <u>P.O. Box 196 Sharon Smith</u> (Street address) <u>Buffalo NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company "

Driver's license # 214718744 State CT

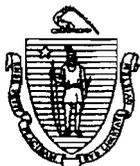
* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 2/27/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that LAUREN LUCAN 1150 135490
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cumier Kennels of 46 Monument Rd
(Printed name of owner) (Street address)

Orleans Ma 02653 who last raced at DTOP
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 27 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Options</u> (track, institution, agency, individual) Address: <u>43 Syguel Rd</u> (Street address) <u>Ware, Ma 01082</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Linda Jensen</u> Company <u>Linda Jensen</u> Driver's license # <u>214718744</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11-27-09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-28-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that ICU ZUWACKY 42309 157D
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Brad Shoits of 2224 Dear Rd
(Printed name of owner) (Street address)

Abilene KANSAS 67410 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 128 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW PARKWAY</u> (Street address) <u>Revere Ma 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Henry Chin

Company 7402428

Driver's license # 035-32-6053 State MA RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbom, DVM Alexandra Lightbom, DVM 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that ICU Teresa 44058197E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Brad Shotts of 2224 Deer Rd
(Printed name of owner) (Street address)

Abelene Ks 67410 who last raced at Kaynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9, 8, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hagler Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th Ct</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fletcher

Company SELF

Driver's license # 017-68-8840 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 9/7/09
(Signature of trainer/kennel operator) (Date)

McCunningham [Signature] 9-13-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that ICU TALLULA bell 970 144058
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Brad Sholtz of 2224 Deer Rd
(Printed name of owner) (Street address)

Abilene KANSAS 67410, who last raced at RANNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 17 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue + Rehab</u> (track, institution, agency, individual) Address: <u>P O Box 572</u> (Street address) <u>Cross River NJork</u> (City/town, State, Zip) <u>10518</u>

TRANSPORT AGENT

Name Linda Jensen

Company Suffa

Driver's license # 214718744 State CA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 10/14/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that I e u clayborne 77F, 43451
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1240 Riverside Dr
(Printed name of owner) (Street address)

Suamico WI 54173, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Flagler Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th St</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # D252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 5/23/09
(Signature of trainer/kennel operator) (Date)

Alexandro Lightborn, Alexandro Lightborn, 6/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that ICU Big Ed 26E 136558
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Brad Sholtz of 2224 Deer Rd
(Printed name of owner) (Street address)

Abilene Ks 67410 who last raced at Ryan Ham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Grateful Greyhounds</u> (track, institution, agency, individual) Address: <u>PO Box 6098</u> (Street address) <u>North Babylon NY</u> (City/town, State, Zip) <u>11703</u>

TRANSPORT AGENT

Name Linda Jones

Company Self

Driver's license # 21471844 State CA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11/16/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham MT 11/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Sol Kisses 85C 134178
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N.J. Sherck of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene Ks 67410 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 1 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere, MA 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Henry Chin

Company Ryan Farms Inc.

Driver's license # _____ State _____

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 4-1-9
(Signature of trainer/kennel operator) (Date)

MARC ESTRILIT [Signature] 4-1-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Sol MARANDA 74E 127990
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by JACK SHEEK of 2228 FAIR RD
(Printed name of owner) (Street address)

Abilene KANSAS 67410, who last raced at RAIL
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 126 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue of NE</u> (track, institution, agency, individual) Address: <u>PO Box 507</u> (Street address) <u>Mendon MA 01736</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # Z1H718744 State CA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 3/26/09
(Signature of trainer/kennel operator) (Date)

MARC ESRICH [Signature] 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Solitary Mindy 450291 127B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jack Sherk of 3228 Fair Rd.
(Printed name of owner) (Street address)

Apilene KANSAS 67410 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 20 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Great</u> (track, institution, agency, individual) Address: <u>PO Box 196</u> (Street address) <u>Buffalo NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company SELF

Driver's license # 214718744 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 9/19/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 9/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Simon Said 126A 140743
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Chad Palenstein of 3985 Games Dr
(Printed name of owner) (Street address)

Minnetrista MN 55325 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 12 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Rescue Adoption</u> (track, institution, agency, individual) Address: <u>PO Box 196</u> (Street address) <u>Buffalo NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company self

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11/1/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-6-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Bond of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Raymond Lubus HAWK E 2531 350
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fred Fuchsman of 253 Orin Road Hill/6d
(Printed name of owner) (Street address)

Lowell Center, MA 01859, who last raced at Raymond
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10/18/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>William R. Kean Track</u> (track, institution, agency, individual) Address: <u>83 1/2 Federal Highway</u> (Street address) <u>Lowell MA 01859</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Fuchsman

Company Self

Driver's license # 019-60-4677 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Bond, 10/18/09
(Signature of trainer/kennel operator) (Date)

MTCunningham, 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Silence revenge 85C, 34348
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Chad Palmsteen of 3985 Games Dr
(Printed name of owner) (Street address)

Minnetrista Mi 55375, who last raced at Kaynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10/28/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Chad Palmsteen</u> (track, institution, agency, individual) Address: <u>3985 Games Dr</u> (Street address) <u>Minnetrista Mi 55375</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chad Palmsteen

Company Self

Driver's license # 398-96-5481 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 10/28/09
(Signature of trainer/kennel operator) (Date)

M. J. Cunningham [Signature] 10/28/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Bond of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Reagan Penick 31463, 35F
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Free Shipping of 253 Crabbed Hill Rd
(Printed name of owner) (Street address)

Amherst Center Ct 01259, who last raced at Longhorn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11/18/89
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Hollywood Race Track</u> (track, institution, agency, individual)</p> <p>Address: <u>931 W. Federal Highway</u> (Street address)</p> <p><u>Hollywood, FL 33609</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name: <u>Free Shipping</u></p> <p>Company: <u>Self</u></p> <p>Driver's license # <u>019-60-4627</u> State <u>CT</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Bond 11/18/89
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 11/18/89
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Bond of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Reagan Miller 34793, 95F
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fred Fubini of 283 Orchard Hill Rd
(Printed name of owner) (Street address)

Southwick Center Ct MA 01759, who last raced at Keeneland
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 18 / 13
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Race Track</u> (track, institution, agency, individual) Address: <u>831 W Federal Highway</u> (Street address) <u>Hialeahdale FL 33009</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Fred Fubini

Company Self

Driver's license # 019-60-4627 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Bond 11/17/13
(Signature of trainer/kennel operator) (Date)

M T Cunningham [Signature] 11/18/13
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Recall Sam I.F.M. 57A 85C 142528
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fred Fulkino of 283 Orchard Hill Rd
(Printed name of owner) (Street address)

Pomfret Center CT 06259, who last raced at RTGP
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 12 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N. Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach, FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Chris Fulchino

Company Chris Fulchino

Driver's license # 017-08-8840 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd July 19/09
(Signature of trainer/kennel operator) (Date)

Laurette Rooney Laurette Rooney 7/24/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)
Christ *Christ*

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Regall Cabage 446321871C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fred Fulchino of 283 Orchard Hill Rd
(Printed name of owner) (Street address)

Pomfret Center Ct 06259 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 129 109
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Jacquette Reynolds</u> <u>Raynham Pets of Honiton</u> (track, institution, agency, individual)</p> <p>Address: <u>P.O. Box 38203</u> (Street address) <u>Dartmouth NS Canada</u> (City/town, State, Zip) <u>B3B1X2</u></p>
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TRANSPORT AGENT

Name Andrew SARRAS

Company _____

Driver's license # 013-70-7553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 5/22/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightmyer, Alexandra Lightmyer, 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Regal ANR 446321 87G
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fred Fulchivo of 283 Orchard Hill Rd.
(Printed name of owner) (Street address)

Putnam CT. 06259, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 22 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW Parkway</u> (Street address) <u>Revere MA. 02151</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Mike Boyd</u> Company <u>SUNCOAST Kenn.</u> Driver's license # <u>D23-46-0420</u> State <u>MA.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 4/22/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 4/30/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Our Raven 33025, 75E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Glenn Berry of 6498 Flush Rd
(Printed name of owner) (Street address)

St George Ks 6535, who last raced at Kaymahs
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10/18/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Harvard Race Track</u> (track, institution, agency, individual) Address: <u>8310 Harvard Highway</u> (Street address) <u>Harvard MA 01451</u> (City/town, State, Zip)

TRANSPORT AGENT

Name: Fred Fulkerson

Company: Self

Driver's license # 019-66-4527 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 10/17/09
(Signature of trainer/kennel operator) (Date)

MTCunningham MTC 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Our Night Train 75F 133925
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Glena Berry of 6488 Hush Rd
(Printed name of owner) (Street address)

St George KANSAS 66535 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 / 1 / 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue + Rehab</u> (track, institution, agency, individual) Address: <u>PO Box 572</u> (Street address) <u>Cross River NY 10518</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214718744 State CA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 9/2/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 9/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Cur Fabulos Fear 44485, 1070
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Glenn Berry of 6458 Flusk Rd
(Printed name of owner) (Street address)

Seaside KS 6655, who last raced at Kanhattan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11/17/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Helmwood Race Track</u> (track, institution, agency, individual) Address: <u>8317 Sunnyside Highway</u> (Street address) <u>Helmwood, IA 52509</u> (City/town, State, Zip)

TRANSPORT AGENT

Name: Frank Johnson

Company: Self

Driver's license # 019-60-4527 State IA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11-17-09
(Signature of trainer/kennel operator) (Date)

MTCunningham MTC 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Cur DANDY DAVE 4118C 127C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Berry of 6488 Finch Rd
(Printed name of owner) (Street address)

Essex KS 01535 who last raced at Randolph
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11/18/19
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>4 Howard Lane Trub</u> (track, institution, agency, individual) Address: <u>831 W Finch Street</u> (Street address) <u>Hullmouth MA 01909</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Frank Fuchs

Company Self

Driver's license # 019-60-4679 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11/17/19
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 10/18/19
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Nitro Pumpkin 466 137738
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Jurmice WI 54103 who last raced at Roukhon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Flagler Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>40 NW 38th Ct</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Missou Florida 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 1/30/09
(Signature of trainer/kennel operator) (Date)

MARCEBEN, _____, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Moonmist Monster 41865, 37D
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by D Combs of Acoul Box 23
(Printed name of owner) (Street address)

Ellis KANSAS 67637 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 1 2 1 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Wonderland Race Track</u> (track, institution, agency, individual)</p> <p>Address: <u>190 VFW PARKWAY</u> (Street address)</p> <p><u>Revere MA 02151</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Andrew SARRAS

Company Self

Driver's license # 013-70-7553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 7/3/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 7/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Mesa Gillette 1046 129685
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1250 Riverside Dr
(Printed name of owner) (Street address)

Suamico WI 54173, who last raced at Rapahannock
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 10 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Pets</u> (track, institution, agency, individual) Address: <u>PO Box 38203</u> (Street address) <u>Dartmouth NS Canada</u> (City/town, State, Zip) <u>R3B1X7</u>

TRANSPORT AGENT

Name Andrew SARRAS

Company _____

Driver's license # 013-70-7553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 5/25/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lighton, Jr Alexandra Lighton 10/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that HK's Rocket Dog 276 141173
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1240 Riverside Dr
(Printed name of owner) (Street address)

Suamico WI 54173, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>Name: <u>Flagler Greyhound Track</u> (track, institution, agency, individual)</p> <p>Address: <u>831 N Federal Highway</u> (Street address)</p> <p><u>Miami Fl 33126</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickerson</u></p> <p>Company <u>Dickinson Hauling</u></p> <p>Driver's license # <u>D252-473-62-229-0</u> State <u>Fl</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 5/8/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 5-22-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Stingray 4LD 137046
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Suamico WI 54173, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 12 109
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Adopted Greyhound Rescue + Rehab</u> (track, institution, agency, individual)</p> <p>Address: <u>P.O. Box 572</u> (Street address)</p> <p><u>Cross River NY 10518</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 11/13/09
(Signature of trainer/kennel operator) (Date)

M Conroy, [Signature], 11-14-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness-MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that FUZUS STRANGLER-1374
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Suamico Wi 54173 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Freyler</u> (track, institution, agency, individual) Address: <u>401 NW 38th Dr</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Joe Frenette

Company SELF

Driver's license # 254035F2200 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/4/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Spitfire 466 137046
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1052 Riverside
(Printed name of owner) (Street address)

Seamica Wi 54123 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Flora Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th Ct</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 1/30/09
(Signature of trainer/kennel operator) (Date)

MARIL FERRIT 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Sorrento 46A, 137046
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swanica Wi 54123 who last raced at Raywham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2, 2, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Foplee Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38 Ct</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami Florida 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362790 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 1/30/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys SNOWMAN 44B 125821
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swanico WI 54173 who last raced at Kayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 31 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue of Quebec</u> (track, institution, agency, individual) Address: _____ (Street address) <u>Montreal Canada</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 1/30/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, _____, 1/31/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzy's Scrapper 38854, 76B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Suamico WI 54173 who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7, 7, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Friends NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherry Hill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 7/7/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 7/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Sampson 76A 138854
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swanica Wi 54123 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 2 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Hayden Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38 Ct</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami Florida 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 1/30/09
(Signature of trainer/kennel operator) (Date)

MARC ESTBICH _____ 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzy Sabrina 76H, 38854
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1052 Riverside Dr
(Printed name of owner) (Street address)

Suamico W. 5173 who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2, 2, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Floyd Greyhound Track</u> (track, institution, agency, individual) Address: <u>417 N W 3th St</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 252473672290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 1/30/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRINE, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzus Rumble 87D 143787
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Drive
(Printed name of owner) (Street address)

Swamico WI 54173 who last raced at Rayburn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Fogler Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th Ct</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami Florida 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Chris Falchino

Company SELF

Driver's license # 017-68-8840 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, Michael Boyd 9/14/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzy Rodeo 85D 133958
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swamika WI 54173 who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 2 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Fuzzy Greyhound Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th Ct</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami Florida 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 1/30/09
(Signature of trainer/kennel operator) (Date)

MARLE STRICH 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Roosevelt 73D 120692
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swamico WI 54173 who last raced at Kaynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 1 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Greyhound Friends NJ</u> (track, institution, agency, individual)</p> <p>Address: <u>PO Box 4416</u> (Street address)</p> <p><u>Cherry Hill NJ 08034</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Kevin Blaske</u></p> <p>Company <u>SELF</u></p> <p>Driver's license # <u>444622621</u> State <u>OK</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 9/3/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9-8-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Rockn Roll 87G 143787
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Ln
(Printed name of owner) (Street address)

Swamiko WI 54173 who last raced at Roughneck
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Fletcher Greyhound Trust</u> (track, institution, agency, individual) Address: <u>401 NW 38th Ct</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulcher

Company SELF

Driver's license # 017-68-8840 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 9/14/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 9-10-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Rossi 33606175C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1240 Riverside Dr.
(Printed name of owner) (Street address)

Suamico WI 54173, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 122 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW PARKWAY</u> (Street address) <u>Revere MA. 02151</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Mike Boyd

Company SUNCOAST KEN.

Driver's license # 023-46-0420 State MA.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 4/22/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Rabbie 17B 141282
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1250 Riverside Dr
(Printed name of owner) (Street address)

Seamier WI 52173 who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 1 10
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Florida Race Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th Ct</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami FL 33156</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # D252473627290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 6/22/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightman Alexandra Lightman 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Robbie 1761 41282
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Drive
(Printed name of owner) (Street address)

Suamico WI 54173 who last raced at KANNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Hogler Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami Florida 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Christ Fulchini

Company Self

Driver's license # 01768-8840 State CA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 9/14/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9-10-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Ritzie 176 141282
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swansea Ma 54123 who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Hayler Race Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th Ct</u> (Street address) <u>Miami Florida 33120</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 1/31/09
(Signature of trainer/kennel operator) (Date)

MARC EBRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Ritzie 41282 1176
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

SUAMICO Fla 54173, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 11 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Flapler</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami Fl</u> <u>33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickerson

Company Self

Driver's license # D259-473-62-2290 State Fl

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11/12/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Remington 756 133606
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swamico WI 54173 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11/11/09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Grateful Greyhounds</u> (track, institution, agency, individual)</p> <p>Address: <u>PO Box 6098</u> (Street address)</p> <p><u>North Babylon NY 11703</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11/11/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzus Ramez 17F 141287
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Somerville MA 02153 who last raced at Ramotham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 / 1 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Fogler Paw Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th Ct</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami FL 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # D252473672290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 6/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbown Alexandra Lightbown 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys RAZZEL 17F, 41282
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Suamico WI 54173 who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 18 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Florida Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th Ct</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulcher

Company SELF

Driver's license # 017-68-8840 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 9/4/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9-10-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Racket 17K 141282
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Fremette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Suamico WI 54123 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2, 2, 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Angler Race Track</u> (track, institution, agency, individual)</p> <p>Address: <u>401 NW 38th St</u> (Street address)</p> <p><u>Miami Florida 33226</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 1/31/09
(Signature of trainer/kennel operator) (Date)

MARC FERRIT [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Raider 85F 133958
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1052 Riverside Dr
(Printed name of owner) (Street address)

Seamice WV 54173 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Flagler Race Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th CV</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami Florida 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 1/30/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Oracle 76F 138574
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swamiea Wi 54173 who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Finger Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th Ct</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 1/30/09
(Signature of trainer/kennel operator) (Date)

MARC ESTBLIN, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ROBERT BERTHLOT of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that IAN'S BREEDER DECK 1222 11688
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ROBERT BERTHLOT of 222 E. MAIN ST
(Printed name of owner) (Street address)

Andover MA 01723 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 11 10
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Kennel RTIAN</u> (track, institution, agency, individual) Address: <u>2150 FAUNW Rd</u> (Street address) <u>AB, LEAK KS 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name ROBERT MESSERER

Company BOB MESSERER

Driver's license # K00-71-5972 State KS

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5-11-07
(Signature of trainer/kennel operator) (Date)

NT Cunningham [Signature] 5-11-07
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Flying Warmonger 65B 133068
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vince Berland of 2333 Lark RD
(Printed name of owner) (Street address)

Abilene KS 67410 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 7 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name Andrew SARRAS

Company SARRAS Kennel

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarris of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Flying NIXA 85B134069
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Berland of 2333 Lark Rd
(Printed name of owner) (Street address)

Abilene KS 67410 who last raced at RAWHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 7 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	<u>33409</u>
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name ANDREW SARRAS

Company SARRAS KENNEL

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that FLYING OKRA 26F 136609
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Wince Berkland of 2333 Lark RD
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at RA/Wham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 7 1 0 9
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name Andrew SARRAS

Company SARRAS Kennel

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARL ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Flying Onion JUE 13609
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vince Berland of 2333 Lark RD
(Printed name of owner) (Street address)

Abilene KS 67410 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name ANDREW SARRAS

Company SARRAS KENNEL

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Flying Lyman 85H 134293
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vince Berland of 2333 Lark RD
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Rainham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name Andrew SARRAS

Company SARRAS kennel

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature], 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that FUZZYS HANNAH 43679 1870
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by JOE FRENETTE of 1240 Riverside Dr.
(Printed name of owner) (Street address)

SUAMICO WI 5473, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 22 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wonderland</u> (track, institution, agency, individual) Address: <u>190 VFW PARKWAY</u> (Street address) <u>Revere MA 02151</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Mike Boyd</u> Company <u>SUNCOAST KEN.</u> Driver's license # <u>023-46-0420</u> State <u>MA.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 4/22/09
(Signature of trainer/kennel operator) (Date)
MT Cunningham [Signature] 3/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Idaho 45J132020
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frewette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swamico WI 54173 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 20 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Great</u> (track, institution, agency, individual) Address: <u>PO Box 196</u> (Street address) <u>Buffalo NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company SCIP

Driver's license # 2M7718744 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 9/19/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham _____ 9/20/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Francie 45081, 1170
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Seamico WI 54173 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9, 18, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Fogler Greyhound Park</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>407 NW 35th Ct</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami Florida 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Chris Fulcher

Company Self

Driver's license # 017-68-8840 State CA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 9/21/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9-13-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Bond of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzy GALE 124D 130162
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riversid Dr
(Printed name of owner) (Street address)

Swamico WI 54173 who last raced at Ramoth/Taunton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 2 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Hadler Race Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami Florida 33120</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 252473622290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Bond 1/31/09
(Signature of trainer/kennel operator) (Date)

MARC ESRICH 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzy Contessa 126H 140646
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenotte of 1252 Riverside Rd
(Printed name of owner) (Street address)

Swamicea Wis 54173 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9/11/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Grateful Greyhounds</u> (track, institution, agency, individual) Address: <u>PO Box 6098</u> (Street address) <u>North Babylon NY 11703</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company SELF

Driver's license # 214718744 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 9/1/09
(Signature of trainer/kennel operator) (Date)

Michael Cunningham, [Signature], 9-13-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that FLYING KUM NGO 105A 134960
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vincent Berkud of 2333 Lark RD
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at RAWHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	<u>33409</u>
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name ANDREW SARRAS

Company SARRAS KENNEL

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boek of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Caesar 447631 117A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenetta of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swamice WI 534175, who last raced at FAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 18 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Fuzzler Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th Ct</u> (Street address) <u>Miami Fl 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulcher

Company Self

Driver's license # 017-68-8840 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boek 9/14/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9-10-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Chantel 11F144763
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swamico Wi 51473 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 14 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Greyhound Adoption</u> (track, institution, agency, individual)</p> <p>Address: <u>16 Talk-Len Dr</u> (Street address)</p> <p><u>Salisbury MA 01952</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Chris Packard</u></p> <p>Company <u>Self</u></p> <p>Driver's license # <u>S37271630</u> State <u>Ma</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11/11/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham MR 11-14-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Chester 1266 140646
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swamico Wi 54173, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 1 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Flagler</u> (track, institution, agency, individual)</p> <p>Address: <u>401 NW 38 Ct</u> (Street address)</p> <p><u>Miami FL 33126</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickerson</u></p> <p>Company <u>SELF</u></p> <p>Driver's license # <u>D 259 473 262-6229-0</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11/12/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 11-14-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Cajun 447631117E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Drive
(Printed name of owner) (Street address)

Swamie WV 54173 who last raced at Raunham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9, 8, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hayler Race Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th St</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulcher

Company Swift

Driver's license # 017-158-8840 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 9/4/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9-13-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarraas of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Flm Albert Luck 95I 13407
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vince Berland of 2333 Lark Rd
(Printed name of owner) (Street address)

Ab. Inc MA 06740 who last raced at RANDHURM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name Andrew Sarraas

Company SARRAS Kennel

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARLE ESTRICT [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Flying Carthage 85L134069
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vince Berland of 2333 Lark RD
(Printed name of owner) (Street address)

Apilene KS 67410, who last raced at Rainham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 7 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name Andrew SARRAS

Company SARRAS Kennel

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andy Leroy of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Flying Detroit 35C 131482
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vince Berland of 2333 Lark Rd
(Printed name of owner) (Street address)

Asilene MS 67410, who last raced at Raytheon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 15 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Connecticut Greyhound Adoption</u> (track, institution, agency, individual) Address: <u>P.O. Box 506</u> (Street address) <u>Wallingford CT 06492</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 522-CC 0993 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 7/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Flying Ellington 106 E 139787
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vince Berland of 2333 Lark RD
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Rainham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>
TRANSPORT AGENT	
Name <u>ANDREW SARRAS</u> Company <u>SARRAS KENNEL</u> Driver's license # <u>S 740 74707</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Brandy 26B, 36433
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Route 11 Drive
(Printed name of owner) (Street address)

Swansea WI 54173 who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Ops</u> <small>(track, institution, agency, individual)</small> Address: <u>435 Yew Rd</u> <small>(Street address)</small> <u>Ware Ma 01082</u> <small>(City/town, State, Zip)</small>

TRANSPORT AGENT

Name Linda Jensen
 Company SEPT
 Driver's license # 214718744 State MA

* Complete if method of disposition was euthanasia:

 (Name of person who performed euthanasia) (Affiliation, title)

 (Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/16/09
(Signature of trainer/kennel operator) (Date)

Michael Cunningham 12/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzy Blue Bird 26B 136514
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swamico WI 54173 who last raced at Raplan/Tenston
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 21 21 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Leagu Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th St</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company _____

Driver's license # 252473 69229-0 State 71

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 1/30/09
(Signature of trainer/kennel operator) (Date)

MARC FRYBULT _____ 2/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Tommy O'Connell of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Ernie Black Belt 109 109
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tommy O'Connell of 1702 Reservoir
(Printed name of owner) (Street address)

Essex MA 01503 who last raced at Keeneland
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 98
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Ernie</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1702 Reservoir</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Essex MA 01503</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Tommy O'Connell

Company SOIF

Driver's license # 2020268-290 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael T. Cunningham 12/10/98
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 12/10/98
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Fuzzys Aggie 442431 97B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Frenette of 1252 Riverside Dr
(Printed name of owner) (Street address)

Swamico WI 54173 who last raced at Kayukham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Flyler</u> (track, institution, agency, individual) Address: <u>401 NW 38th Ct</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Jim Dickson

Company SELF

Driver's license # 252473682290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/14/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector))
Michael T. Cunningham 12/14/09
(Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that DUNLIN 125 F 135970
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cindy RIAN of 2156 Fawn Rd
(Printed name of owner) (Street address)

Abilene KS 67410 who last raced at RAWHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL 33409</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Andrew SARRAS</u> Company <u>SARRAS KENNELS</u> Driver's license # <u>574074707</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-10-09
(Signature of trainer/kennel operator) (Date)

MARIE ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Sallalamarchia of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Extreme Echo 47G 143954
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Andrew Sarras of 890 Pleasant St.
(Printed name of owner) (Street address)

Bridgewater MA 02324, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 16 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palom Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 N. Congress Ave</u> (Street address) <u>W. Palm Beach FL, 33409</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andrew Sarras

Company SELF

Driver's license # 574074707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/16/09
(Signature of trainer/kennel operator) (Date)

MARL FORBICH [Signature] 1/16/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarai of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that TAF MISSY 376-14450
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by JENNIFER WHITWASH of 146 EDENCREST DR
(Printed name of owner) (Street address)

CRANSTON RI 02980 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sansuta Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Road</u> (Street address) <u>Sansuta, Florida 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andrew Sarai

Company ''

Driver's license # 57407470 State MD

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarai of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Juf Moozic 37A 141450
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Teniter Whitworth of 146 Eden Crest Dr
(Printed name of owner) (Street address)

Cranston RI 02910, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Road</u> (Street address) <u>Sarasota, Florida 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andrew Sarai

Company 11

Driver's license # 574074757 State MD

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/14/09
(Signature of trainer/kennel operator) (Date)

MARL ESTBICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ANDREW SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that UURGO 356-1 31615
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by KENNETH BLAN of 2156 FAUN RD
(Printed name of owner) (Street address)

Abilene KS 6740 who last raced at RAWHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name ANDREW SARRAS

Company SARRAS KENNELS

Driver's license # 574074707 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 2-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarra's of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Venture 950-134734
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cindy A. Perrota of 4475 Cedar Rd
(Printed name of owner) (Street address)

Orange Park FL 32065 who last raced at PANham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 7 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	<u>33405</u>
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Andrew Sarra's

Company SARRA'S KENNEL

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ANDREW SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that TOT'S ENERGIZER 45K132070
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by GEORGE POTELL of 179 TWIN RIVER RD
(Printed name of owner) (Street address)

Lincoln RI 02865 who last raced at RATHBURN
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>
TRANSPORT AGENT	
Name <u>ANDREW SARRAS</u> Company <u>SARRAS KENNEL</u> Driver's license # <u>S 740 74707</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarraas of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that TEXAS Twister BE 136486
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ANDREW SARRAAS of 890 PLEASANT ST
(Printed name of owner) (Street address)

Bridgewater MA 02324 who last raced at PALM BEACH
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 7 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name ANDREW SARRAAS

Company SARRAAS KENNEL

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Spinal Disorder 12583 135801
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Goldman of 5652 Whisperwood Blvd
(Printed name of owner) (Street address)

NAPLES FL 34110, who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Andrew SARRAS

Company SARRAS Kennels

Driver's license # 574074707 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 2-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarraas of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Springwater Leah 116D 141130
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Kirk Schaffer of P.O. Box 1001
(Printed name of owner) (Street address)

Estacada OR 97023, who last raced at Rapnon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	<u>33409</u>
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Andrew Sarraas

Company SARRAS Kennel

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sara of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Royal Red Poodle 37A 14/09
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Frank K. Johnson of 293 Park Hill Rd
(Printed name of owner) (Street address)

Pomfret VT 0605 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Road</u> (Street address) <u>Sarasota, Florida 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andrew Sara

Company 11

Driver's license # 5D40747D State MD

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____
 _____ (Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 1/14/09
 (Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
 (Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

423

I, Andrew Sarai of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Royal Row 16 379 1 42 918
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Fredrick Fitchmo of 283 Orchard Hill Rd
(Printed name of owner) (Street address)

POMFRET CENTER CT 06855 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Road</u> (Street address) <u>Sarasota, Florida 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andrew Sarai

Company 11

Driver's license # 574074707 State MD

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 1/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Recall Rothless 37B 141858
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Frederick A. Folchino of 283 Orchard Hill Rd
(Printed name of owner) (Street address)

Pomfret Center CT 06259 who last raced at RAYHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 21 7 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	<u>33409</u>
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name ANDREW SARRAS

Company SARRAS KENNEL

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andy Linn of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Regall Okiedotie 370, 42948
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Freddie Pulchino of 283 Orchard Hill Rd
(Printed name of owner) (Street address)

Pomfret Center CT 06259, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 30 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Connecticut Greyhound Adoption</u> (track, institution, agency, individual) Address: <u>P.O. Box 506</u> (Street address) <u>Wallingford CT 06492</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Linda Jensen</u> Company _____ Driver's license # <u>552 66 0993</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____ 6-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 7/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarna of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Royal Port name 1264 140716
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Frederick Fulchino of 283 Orchard Hill Rd
(Printed name of owner) (Street address)

Bonfire Center CT 06255, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Bradenton Road</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, Florida 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Andrew Sarna

Company 11

Driver's license # 5740747ND State MD

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarna of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Royal Ham Bursolar 126H 136725
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Frederick Eulchion of 283 Orchard Hill Rd
(Printed name of owner) (Street address)

Pom Finc Center CT 06255, who last raced at Rayham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Samsata Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Brackerton Road</u> (Street address) <u>Samsata, Florida 31234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andrew Sarna

Company 11

Driver's license # 574074707 State MD

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andy James of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that RCS Joe Chip 84E, 28620
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Richard Carbone of 69 Clifton St
(Printed name of owner) (Street address)

Methen MA 02155, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 20 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Rescue Rehab</u> (track, institution, agency, individual) Address: <u>P.O. Box 572</u> (Street address) <u>Cross River NY 10518</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Linda Jensen</u>
Company _____
Driver's license # <u>552 66 0893</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 8/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andy Sarrs of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that P7L Penny Slot 35G 131908
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by John Steiner of 2103A NCR 1140
(Printed name of owner) (Street address)

Milford TX 79705, who last raced at Ryebeem,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Options</u> (track, institution, agency, individual) Address: <u>47 Syguel Rd</u> (Street address) <u>Ware MA 01082</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 552 66 0993 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____ 6-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 7/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Saltalamacchia of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that PTL SANDECKER 12SE 135891
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by John Steiner of 14106 IH 35 South
(Printed name of owner) (Street address)

Bruceville TX 76630, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 N. Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>W. Palm Beach FL, 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Andy Garra S

Company SELF

Driver's license # 574074707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/9/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that PTL JAY Bird 125E 136095
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by John Steiner of 15406 IH 35 South
(Printed name of owner) (Street address)

Brouseville TX 76630 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Andrew SARRAS

Company SARRAS Kennels

Driver's license # 574074707 State TX

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-10-09
(Signature of trainer/kennel operator) (Date)

MARC RSTRICT [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andy James of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that PNP Cheech 56B 13P077
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Battle Kennel of 32 Whipple Rd
(Printed name of owner) (Street address)

Smithfield RI 02917, who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Placement NH</u> (track, institution, agency, individual) Address: <u>P.O. Box 58</u> (Street address) <u>Mount Vernon Rd New Boston N.H.</u> (City/town, State, Zip) <u>03070</u>
TRANSPORT AGENT	
Name <u>Linda Jensen</u>	
Company _____	
Driver's license # <u>552 06 0993</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____ 6-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 17/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that OUR Sawyer 2GA B6689
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alenna Berry of 6488 Flush Road
(Printed name of owner) (Street address)

ST George KS 66535 who last raced at RAYHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL 33409</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Andrew SARRAS</u> Company <u>SARRAS Kennels</u> Driver's license # <u>574074707</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-10-09
(Signature of trainer/kennel operator) (Date)

MARCESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Our Deal wheels 27D 141180
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Glenna R. Berry of 6488 Flush Rd
(Printed name of owner) (Street address)

ST George KS 66535 who last raced at RATHEN
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 7 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name ANDREW SARRAS

Company SARRAS KENNEL

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARL ESTERH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfamacchia of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Our Happy Tracks ^{27F}
(Printed name of greyhound) QW 141271
(Right tattoo) (Left tattoo)

Owned by Glenna Berry of 6488 Flush Rd.
(Printed name of owner) (Street address)

St. George KS 66535, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota kennel club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Bradenton Rd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Andy Sarra

Company self

Driver's license # ~~64770~~ 574674707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/9/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/9/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ANDREW SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that MOONMIST Trophy 37H141865
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by DAVID N COMB'S of Acad Box 23
(Printed name of owner) (Street address)

ELISS KS 67637 who last raced at RATAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name ANDREW SARRAS

Company SARRAS KENNEL

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ANDREW SARAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that MISTE MAFEE 56B 13280
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by JOHN STEINER of 15406 I/A 35 SOUTH
(Printed name of owner) (Street address)

BROOKFIELD TX 76630 who last raced at RAYHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>
TRANSPORT AGENT Name <u>ANDREW SARAS</u> Company <u>SARAS KENNEL</u> Driver's license # <u>S 740 74707</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARL ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarra's of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that MALtese MALcom 36E 1 37801
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by JOHNSTEINER of 15406 IH 35 S W
(Printed name of owner) (Street address)

Bruceville TX 76630, who last raced at RAWHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name ANDREW SARRA'S

Company SARRA'S KENNEL

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARL BSTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Mental Kase 41999 137A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Donald Hart of 49 Hazelwood Ave
(Printed name of owner) (Street address)

Attleboro MA 02203 who last raced at PAINW
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT
Name <u>Andrew SARRAS</u>
Company <u>SARRAS Kennel</u>
Driver's license # <u>S 740 74707</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRILL [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarna of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that MY JOHNS 37E 14145D
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jennifer Whitworth of 1416 Edgewood Crest Dr
(Printed name of owner) (Street address)

CRANSTON RI 02922 who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarnato Kennel Club</u> (track, institution, agency, individual) Address: <u>5460 Brockton Road</u> (Street address) <u>Sarnato, Florida 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andrew Sarna

Company 11

Driver's license # 574074757 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarai of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Lissiloom Bo 37F 141450
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jennifer Whitworth of 746 E. NEW CREST DR
(Printed name of owner) (Street address)

Chilmark RI 02820, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Road</u> (Street address) <u>Sarasota, Florida 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andrew Sarai

Company 11

Driver's license # 574074707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/14/09
(Signature of trainer/kennel operator) (Date)

MARIE ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andy Sarra of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Lonesome Jeffy 36C 1 36756
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James Rae of 401 Loring Ave #308
(Printed name of owner) (Street address)

Orange Park Fl 32073, who last raced at Rayhson
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 30 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Pets America MASS</u> (track, institution, agency, individual) Address: <u>P.O. Box 1495</u> (Street address) <u>Middleboro MA 02346</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Linda Jensen</u> Company _____ Driver's license # <u>552 66 0993</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 7/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andy Jones of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Kup's Homerun 8414, 2821P
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Richard Kuper of 8419 89th St
(Printed name of owner) (Street address)

Woodhaven NY 11421 who last raced at Bayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 5 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Placement Service</u> (track, institution, agency, individual) Address: <u>16 Jahn-1st Dr</u> (Street address) <u>Salisbury Md 01952</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 522-66-0993 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 7/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ANDREW SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that KIOWA SONIC SUP 4/6A 137224
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by SMITH Greyhounds of 2229 SOUTH ALTON WAY
(Printed name of owner) (Street address)

DENVER CO 80231, who last raced at RAHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>
TRANSPORT AGENT	
Name <u>ANDREW SARRAS</u> Company <u>SARRAS KENNEL</u> Driver's license # <u>S 740 74707</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARLENE BETHUNE [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Letication 125A 135711
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vince Berland of 2333 Lark RD
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Rainham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>
TRANSPORT AGENT	
Name <u>ANDREW SARRAS</u> Company <u>SARRAS KENNEL</u> Driver's license # <u>S 740 74707</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarra of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Love Lamar 1701 41050
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds, INC. of 2229 South Alton
(Printed name of owner) (Street address)

Denver CO 80231 who last raced at RATHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 7 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT
Name <u>ANDREW SARRA</u> Company <u>SARRAS KENNEL</u> Driver's license # <u>S 740 74707</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Kenton Kicker CSI 13356
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Kenny Ryan of 2156 FAWN Rd
(Printed name of owner) (Street address)

Abilene KS 67411 who last raced at Raywham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Andrew SARRAS

Company SARRAS Kennels

Driver's license # 574074707 State M

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 2-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarai of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Jocsa May B1 376 141456
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jennifer Whitworth of 146 Ellen Street Dr
(Printed name of owner) (Street address)

Clavston RI 02920 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Bradenton Road</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, Florida 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Andrew Sarai

Company 11

Driver's license # 57407470D State MD

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Jet Man 15J 130756
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Donald Hart of 49 Hollywood Ave
(Printed name of owner) (Street address)

Abbeon MA 02203 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 02 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name Andrew SARRAS

Company SARRAS Kennel

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andy Sarro of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Italian Stallion 114 H, 31015
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Robert Berthelot of 31 Adelaide St
(Printed name of owner) (Street address)

Randolph MA 02367, who last raced at Raytheon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 30 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Pets America MASS</u> (track, institution, agency, individual) Address: <u>P.O. Box 1495</u> (Street address) <u>Middleboro MA 02346</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Linda Jensen</u> Company _____ Driver's license # <u>552 66 0993</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 7/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andy Sarraj of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that 1ZA Dun Gone 16E 136271
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by John Steiner of 2103A NCR 1140
(Printed name of owner) (Street address)

Midland TX 79705, who last raced at Raystown
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 1 / 20 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Connecticut Greyhound Adoption</u> (track, institution, agency, individual) Address: <u>P.O. Box 506</u> (Street address) <u>Wallingford CT 06492</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 522 66 0983 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 7/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarai of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Jaf Daggler 370 14455
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jennifer Whitworth of 146 Edencrest Dr
(Printed name of owner) (Street address)

CRANSTON RI 02903 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Bradenton Road</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota, Florida 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Andrew Sarai

Company 11

Driver's license # 574074707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarna of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Jack Edie 37B1 41450
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jennifer Whitworth of 146 Eden Crest Ct
(Printed name of owner) (Street address)

CRANSTON RI 02900 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sansuta Kennel Club</u> (track, institution, agency, individual) Address: <u>5400 Bradenton Road</u> (Street address) <u>Sansuta, Florida 34234</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Andrew Sarna

Company 11

Driver's license # 574074757 State MD

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Flying Nora 39489, 96F
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Vince Berland of 2333 LARK Rd
(Printed name of owner) (Street address)

Abilene Kansas 67410 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>OWNER / Home</u> (track, institution, agency, individual) Address: <u>2333 Lark Road</u> (Street address) <u>Abilene, Kansas 67410</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company SELF

Driver's license # 017688840 State CA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/4/09
(Signature of trainer/kennel operator) (Date)

M Cunningham MJC 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that FF Emerald 115 E, 35480
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joseph Fusaro of 16600 45th Ave N
(Printed name of owner) (Street address)

Plymouth MA 55446, who last raced at Raphan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>Cherry Hill N.J. 08034-0669</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Black

Company Silverbullet Hauling

Driver's license # 4244622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 4/8/09
(Signature of trainer/kennel operator) (Date)

M Cunningham, [Signature], 4-10-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that FF LOAN SHARK 866 139098
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe Fusaro of 16600 45th Ave N
(Printed name of owner) (Street address)

Plymouth MN 55446, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 1 21 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Flagler Greyhound Track</u> (track, institution, agency, individual) Address: <u>461 NW 38th St.</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 1/31/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that FFZIP 44884 117E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Joe FUSARO of 16600 45th Ave N
(Printed name of owner) (Street address)

Plymouth MA 55446 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Adoption Services</u> (track, institution, agency, individual) Address: <u>16 JAKO-len DR</u> (Street address) <u>Salisbury MA 01952</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Packard

Company _____

Driver's license # 537271630 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 11/11/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, 11/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that DRIVEN BY COURT RTD 135103
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by DRIVEN RACING of 116 CEDARWOOD RD
(Printed name of owner) (Street address)

HANOVER MA 02335 who last raced at RAWHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 NORTH CONGRESS AVE</u> (Street address) <u>WEST PALM BEACH FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name ANDREW SARRAS

Company SARRAS KENNEL

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTEVIT [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Craig Marshall 80A 139454
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Maldonado of 220 West Meadow Rd
(Printed name of owner) (Street address)

Lowell Ma 01854, who last raced at Rayphorn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 12 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Faylor Race Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th Ct</u> (Street address) <u>Miami Florida 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 1/31/09
(Signature of trainer/kennel operator) (Date)

MARC FERRICIT, 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Doe's Dog Span 57C 142272
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by EP's Kennel Inc of PO Box 9041
(Printed name of owner) (Street address)

Providence RI 02940 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 12 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>ANDREW SARKAS</u> <u>Wonderland Dog Track</u> (track, institution, agency, individual)</p> <p>Address: <u>190 VFW PARKWAY</u> <u>Revere Ma 02151</u> (Street address) (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Andrew SARKAS

Company Self

Driver's license # 013-70-7553 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 7/3/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Doe's Foxxy Girl 43212 177C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by EP's Kennel Inc of PO Box 9041
(Printed name of owner) (Street address)

Providence Rt 02941 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 18 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>EP Kennel Inc</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>PO Box 9041</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Providence RI 02941</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Earl Perry

Company EP Kennel

Driver's license # 050519965 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 9/18/09
(Signature of trainer/kennel operator) (Date)

MTCunningham [Signature] 9/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Do's Lucky Liz 432121 77E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by E.P. Ken. Inc. of P.O. Box 9041
(Printed name of owner) (Street address)

Providence R.I. 02940 who last raced at Ramham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 1 / 22 / 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Wonderland</u> (track, institution, agency, individual)</p> <p>Address: <u>190 VFW Parkway</u> (Street address)</p> <p><u>Revere MA 02151</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Mike Boyd</u></p> <p>Company <u>SUNCOAST</u></p> <p>Driver's license # <u>023-96-0420</u> State <u>MA</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia)

(Method of euthanasia)

Michael G. Boyd _____
(Affiliation, title) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____
(Signature of trainer/kennel operator) (Date)

MT Cunningham _____
(Printed name of witness (MSRC Inspector)) (Signature of witness (MSRC Inspector)) (Date)

**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that E A Its Another Boy 126 B / 140704
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Ada LaChappele of P. O. Box 599
(Printed name of owner) (Street address)

Glendale RI 02826, who last raced at Raynham Tawton
(City/town) (State) (Zip code) (Name of track)

was disposed of in the following manner on 6 / 104 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <u>Her orange from mouth</u> <input checked="" type="checkbox"/> 7. Humanely euthanized *	Name: <u>Bristol County Animal Clinic</u> (track, institution, agency, individual) Address: <u>900 Broad way</u> (Street) <u>Raynham, MA 02767</u> (City, State, Zip)

TRANSPORT AGENT

Name Russa Boyd

Company _____

Driver's license # _____ State MA

* Complete if method of disposition was euthanasia:

DR. Thomas D. Durniak Bristol County Animal Clinic
(Name of person who performed euthanasia) (Affiliation, title)

Barbituate Angel view Pet Semetary
(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Russa Boyd 6/4/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbun Alexandra Lightbun 6/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that E A Its Another Boy 126 B / 140704
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Ada LaChapelle of P. O. Box 599
(Printed name of owner) (Street address)

Glendale RI 02826 who last raced at Raynham Townton
(City/town) (State) (Zip code) (Name of track)

was disposed of in the following manner on 6 / 104 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input checked="" type="checkbox"/> 7. Humanely euthanized *	Name: <u>Bristol County Animal Clinic</u> (track, institution, agency, individual) Address: <u>900 Broad way</u> (Street) <u>Raynham MA 02767</u> (City, State, Zip)
TRANSPORT AGENT Name _____ Company _____ Driver's license # _____ State _____	

* Complete if method of disposition was euthanasia:

DR. Thomas D. Durniak Bristol County Animal Clinic
(Name of person who performed euthanasia) (Affiliation, title)

Barbituate Angel View Pet Semetary
(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6/4/09
(Signature of trainer/kennel operator) (Date)

(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Country Curlie 55A 133021
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Carrier Kennel of 46 Monument Rd
(Printed name of owner) (Street address)

Orlean Ma 02653 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 1 5 1 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Friends of RTJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherry Hill NJ 08034-0469</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blacko

Company _____

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 3/1/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH _____ 3/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Blazing West 35A, 31757
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by K Currier of 645 Sattucket Rd
(Printed name of owner) (Street address)

Browster MA 02631 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GPA MASS</u> (track, institution, agency, individual) Address: <u>PO Box 5071495</u> (Street address) <u>Middleboro MA</u> (City/town, State, Zip) <u>02346</u>

TRANSPORT AGENT

Name L Jensen

Company SEIT

Driver's license # 214718744 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 12/14/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 12/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Elizabeths Elita 1151135491
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by David Currier of 46 Monument Rd
(Printed name of owner) (Street address)

Orleans Ma 02643 who last raced at Ramkham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name <u>Greyhound Friends NJ</u> (track, institution, agency, individual) Address: <u>PO Box 4416</u> (Street address) <u>Cherry Hill NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company SEIF

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 9/3/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 9/3/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarraas of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Drive BY BART 26B 13648L
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ANDREW SARRAAS of 890 PLEASANT ST
(Printed name of owner) (Street address)

Bridgewater MA 02324 who last raced at RAWHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 7 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL</u> (City/town, State, Zip) <u>33405</u>
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name ANDREW SARRAAS

Company SARRAS KENNEL

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Change order 44632187B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by SUZANNE MENARD of 593 Pomfret St
(Printed name of owner) (Street address)

Potman CT 06260 last raced at Rayburn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 29 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wonderland</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>190 VFW PARKWAY</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Revere Ma 02157</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Henry Chin

Company 7402428 RI

Driver's license # 035-32-6053 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightson, Jr. Alexandra Lightson, Jr. 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, P. Mario Salfakomacchiz of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that DON THE ROCK 456, 32073
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Donald Hart of 49 Hazelwood Ave
(Printed name of owner) (Street address)

Athleboro MA 02703, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 4, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Palan Beach</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL 33409</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Andy Sarras</u> Company <u>Andy sarras kennel</u> Driver's license # <u>574074707</u> State <u>MA</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 1/4/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andy James of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Doc's Brucebaby 104E 1 30461
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by EP's Kennel of J Raymond's Point, RI
(Printed name of owner) (Street address)

Coventry RI 02916, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 20 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Rescue Relays</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 572</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Crossriver NY 10517</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Lisa Jensen

Company _____

Driver's license # 552 66 0993 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 7/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Bristow Glory 16B 136253
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James Rae of P.O. Box 133
(Printed name of owner) (Street address)

Rayhan MA 02767, who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 02 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	<u>33405</u>
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT
Name <u>ANDREW SARRAS</u>
Company <u>SARRAS KENNEL</u>
Driver's license # <u>S 740 74707</u> State <u>MA</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ZGRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew SARRAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that BATTLE CRY 36G-1 37129
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Kenton D Rider of 298 NW 296th Street
(Printed name of owner) (Street address)

Pleasantburg MD 64477 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>1111 North Congress Ave</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>West Palm Beach FL 33409</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Andrew SARRAS

Company SARRAS KENNELS

Driver's license # 574074707 State MD

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Atascocita Wilson 66F 138709
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Atascocita Racing of 19917 Pivestway Tr Dr
(Printed name of owner) (Street address)

Humble Texas 77346, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Options</u> (track, institution, agency, individual) Address: <u>43 Syrael Rd</u> (Street address) <u>Wane Ma 01082</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd June 20/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightsey Am, Alexandra Lightsey Am, 6/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Mike Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Beowulf 44432 187C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by SUZANNE MENARD of 593 Pomfret St
(Printed name of owner) (Street address)

Putman CT 06260, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 12 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>PO Box 4416</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Cherry Hill NJ 08034</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Justin Dille

Company _____

Driver's license # 446-76-4115 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Mike Boyd Jan 20/09
(Signature of trainer/kennel operator) (Date)

Alexander Lightman, Jr Alexander Lightman 6/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew Sarras of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Bandana Tootie 36H 1 36711
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by George E. Tootell of 179 Twin River Rd
(Printed name of owner) (Street address)

Lincoln RI 02865 who last raced at Rathens,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL</u> (City/town, State, Zip) <u>33409</u>

TRANSPORT AGENT

Name Andrew SARRAS

Company SARRAS kennel

Driver's license # S 740 74707 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 2-6-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Atasciocita Sassy ISA 130945
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Atasciocita Racing of 19919 Pinehurst Dr
(Printed name of owner) (Street address)
Humble Tx 77346 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Adoption</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>16 Jake-Len Dr</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Salisbury MA 01952</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Chris Packard

Company _____

Driver's license # S37271630 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 11/11/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham MC 11-14-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Atascocita Peppy 86D 139300
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Atascocita Racing of 19919 Pinehurst Dr Drive
(Printed name of owner) (Street address)

Humble Texas 77346, who last raced at Rayham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 12 9 10 9
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Reto - Terrell Reynolds</u> (track, institution, agency, individual) Address: <u>P.O. Box 38203</u> (Street address) <u>Dartmouth NS Canada</u> (City/town, State, Zip) <u>B3B1K2</u>

TRANSPORT AGENT

Name Andrew SARRAS

Company _____

Driver's license # 013-70-7553 State Ma

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 5/25/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbown Alexandra Lightbown 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Atascocita Primo 16E136384
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Atascocita Racing of 19919 Pinehurst Dr
(Printed name of owner) (Street address)

Humble Texas 77346 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 212109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Randall Ward</u> (track, institution, agency, individual) Address: <u>3579 Fairview St</u> (Street address) <u>Safety Harbor Florida</u> (City/town, State, Zip) <u>34695</u>
TRANSPORT AGENT Name <u>John Dickerson</u> Company _____ Driver's license # <u>25247362790</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 1/31/09
(Signature of trainer/kennel operator) (Date)

MARC DERRICK, 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andrew SARAS of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that AO Empire 85C, 3459
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CRAIG Tansen of 7689 OCCOQUON OVERLOOK
(Printed name of owner) (Street address)

Woodbridge VA 22192 who last raced at RAYHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 / 10 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Palm Beach Kennel Club</u> (track, institution, agency, individual) Address: <u>1111 North Congress Ave</u> (Street address) <u>West Palm Beach FL 33409</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Andrew SARAS</u>	
Company <u>SARAS Kennels</u>	
Driver's license # <u>574074707</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Andy Santos of Kennel # 16
(Printed name of trainer/kennel operator)

Swear and affirm that Aretha 17D, 40837
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Henny Ryan of 2156 Fawn Rd
(Printed name of owner) (Street address)

Asilene MS 67410, who last raced at Raytheon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 / 5 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue Adoption Team</u> (track, institution, agency, individual) Address: <u>P.O. Box 196</u> (Street address) <u>Buffalo NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 522 66 0993 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 6-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature], 7/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Atascocita Jeb 26C, 36455
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Atascocita Racing of 19919 Pinehurst Dr
(Printed name of owner) (Street address)

Humble Texas 77346 who last raced at Rayburn
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2/12/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Randall Ward</u> (track, institution, agency, individual) Address: <u>3579 Fairview St</u> (Street address) <u>Safety Harbor Florida</u> (City/town, State, Zip) <u>34695</u>

TRANSPORT AGENT

Name John Dickerson

Company _____

Driver's license # 25247362290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 1/31/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH 2/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Scott Scharff of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Atascocita Larry 75E 134011
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Atascocita Racing of 19919 Pinehurst Dr
(Printed name of owner) (Street address)

Humble TX 72346, who last raced at Ranney
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1/16/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Conn. Greyhound Adoption</u> (track, institution, agency, individual) Address: <u>P.O. Box 306</u> (Street address) <u>Wallford Ct. 06492</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Linda Jensen

Driver's license # 214718 744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 1/16/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/31/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Atascacita Chet 77A, 145054
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Atascacita Racing of 19919 Pinehurst Dr
(Printed name of owner) (Street address)

Humble Tx 77346, who last raced at Kanawha
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8, 15, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue of NY Inc</u> (track, institution, agency, individual) Address: <u>PO Box 1527</u> (Street address) <u>Clifton Park NY</u> (City/town, State, Zip) <u>12065</u>

TRANSPORT AGENT
Name <u>Linda Jensen</u> Company <u>Self</u> Driver's license # <u>214718744</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd 8/15/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham _____ 9/15/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Michael Boyd of Kennel # 33
(Printed name of trainer/kennel operator)

Swear and affirm that Atascocita Chili 86B 139300
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Atascocita Racing of 19919 Pinehurst Dr
(Printed name of owner) (Street address)

Humble Tx 77346 who last raced at Raymond
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 122109
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p align="center">RECIPIENT/FACILITY</p> <p>Name: <u>Patrick Higgins</u> (track, institution, agency, individual)</p> <p>Address: <u>32 Youngs Rd</u> (Street address)</p> <p><u>Ashburnham Ma 01430</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name Liz Guglietti 36 Woodland Dr

Company Lunenburg Ma 01463

Driver's license # FS60381480 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Michael Boyd, 5/22/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lighty on, Alexandra Lighty on, 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, HENRY CHIN of Kennel # 19
(Printed name of trainer/kennel operator)

Swear and affirm that CELESTA 76C 138889
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by CINDY RYAN of 2156 FAWN RD
(Printed name of owner) (Street address)

ABILENE KS 67410, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 18 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>AMAZING GREYZ</u> (track, institution, agency, individual) Address: <u>P.O. Box 387</u> (Street address) <u>SHELDONVILLE, MA 02070</u> (City/town, State, Zip)

TRANSPORT AGENT

Name HENRY CHIN

Company RYAN RACING INC

Driver's license # 7402428 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Henry Chin 5-8-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham 5-22-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Danielle Desmond of Kennel # 19
(Printed name of trainer/kennel operator)

Swear and affirm that CLASSY FRED BASSY 85F | 33991
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by ANTHONY NAPOLITANO JR of 164 NORTH ST
(Printed name of owner) (Street address)

BENNINGTON VH 05001, who last raced at RAYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 01 | 09 | 08
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>WHEELING BOWNS</u> <small>(track, institution, agency, individual)</small> Address: <u>50 POPE & STONE ST</u> <small>(Street address)</small> <u>WHEELING WV 26003</u> <small>(City/town, State, Zip)</small>
TRANSPORT AGENT Name <u>KEVIN DUNBLE</u> Company <u>SILVER BULLET</u> Driver's license # <u>444 622 621</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Danielle Desmond 11/6/08
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham 01/06/08
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Starz O My Gosh 47F, 41918
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jack Shenck of 2228 Fair RD
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10/17/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue</u> (track, institution, agency, individual) Address: <u>P.O. Box 572</u> (Street address) <u>Cross River NY 10518</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214-718-744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 10/17/09
(Signature of trainer/kennel operator) (Date)

MIC Cunningham [Signature] 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rank of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Stone Dwyx 96A 139417
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NJ Storch of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Roylton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 19 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>St. Petersburg</u> (track, institution, agency, individual) Address: <u>10490 Gandy Blvd</u> (Street address) <u>St Pete FL 33702</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company SELF

Driver's license # 252 473622290 State MD

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness MSRC Inspector)

[Signature] 12/19/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Star 2 on Target 419 K 1 47 B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NJ Slonick of 2228 Fair Rd
(Printed name of owner) (Street address)

Abilene KS 67410 who last raced at Royanne
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 19, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>ST Petersburg Kennel club</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>10490 Gundy Blvd.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>St. Pet - Fla. 33702</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickinson

Company SELF

Driver's license # 252 H73622290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector)

[Signature] 12/14/09
(Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Ahoir Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that STAR KAYLA H6F 137005
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NS Sharck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Royham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>We Adopt Greyhounds (WAG)</u> (track, institution, agency, individual) Address: <u>P.O. Box 1114</u> (Street address) <u>Glaston CT 06033</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 2/21/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 2/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that STORZ LADONNA 55E B5056
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NJ Sherck of 2228 Foin RD
(Printed name of owner) (Street address)

Abilene KS 67410 who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Hollywood Greyhound Tracks</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami, FL, 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/11/09
(Signature of trainer/kennel operator) (Date)

M Cunningham [Signature] 12/14/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that SOL RAY 44G 125744
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NT Sherck of 228 Fair RD.
(Printed name of owner) (Street address)

AB, Iowa KS 67410 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Rescue Adop.</u> (track, institution, agency, individual) Address: <u>P.O. Box 196</u> (Street address) <u>Buffalo, NY 14207</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Linda Jensen</u> Company _____ Driver's license # <u>214-718-744</u> State <u>CT.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2/14/09
(Signature of trainer/kennel operator) (Date)
MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500. or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Throw me a Rock 27F 141260
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Louis Krull of 70 East St.
(Printed name of owner) (Street address)

Middleton Ma. 01949 who last raced at Roxbury
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner 3. Retired for breeding 4. Placed for adoption 5. Sold/donated for research 6. Other _____ 7. Humanely euthanized*/ reason _____	Name: <u>Louis Krull</u> (track, institution, agency, individual) Address: <u>70 East St.</u> (Street address) <u>Middleton Ma. 01949</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Alvin Rink</u> Company <u>Self</u> Driver's license # <u>024-46-7141</u> State <u>MA.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 2/14/09
(Signature of trainer/kennel operator) (Date)
MARC ESTRICH, [Signature], 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Tom Rusty 56A, 39141
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Melvin Langford of 788 Exeter Blv.
(Printed name of owner) (Street address)

Tombocac FL 33321, who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami FL, 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # 252-47B-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 12/11/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Akhia Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Tom Onion 56F 139141
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Melvin Langford of 7815 Exeter Blvd
(Printed name of owner) (Street address)

Tombac FL 33321, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami, FL, 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/11/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Tom Keg 56C 139141
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Melvin Longford of 7818 Exeter Bl.
(Printed name of owner) (Street address)

TOMARAC FL 33326 who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 12/11/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Sunny Santos 104D 316FH
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Cynthia Kippur of 22182 Country RD
(Printed name of owner) (Street address)

Live Oak FL 32060, who last raced at Roxham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Forever Homes</u> (track, institution, agency, individual) Address: <u>213 West Fontana Rd.</u> (Street address) <u>Middleburg NY 12122</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>PAULA LAPORTE</u> Company <u>SELF</u> Driver's license # <u>117-44-5299</u> State <u>NY</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 4/11/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 4/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Stick Together 37E 141802
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 King Moor Way
(Printed name of owner) (Street address)

Maine Lake Fl. 33014, who last raced at Royan,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 30 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhounds Options</u> (track, institution, agency, individual) Address: <u>43 Sybil Rd.</u> (Street address) <u>Ware MA. 01871</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214 718 744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/30/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightman, Alexandra Lightman, 6/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Ruitc of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Storz Riddick 66C, 38321
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NJS Sheak of 2228 Fair RD
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami FL, 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Decker

Company Self

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 12/11/09
(Signature of trainer/kennel operator) (Date)

Manningham, [Signature], [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Storm Tango 75A / 33503
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NS Sterk of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 / 27 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GRAT</u> (track, institution, agency, individual) Address: <u>P.O. Box 196</u> (Street address) <u>BUFFALO NY 14209</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718244 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/27/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightburn, Alexandra Lightburn 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, John Enylehret of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that SOL FEAR 846,2848
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NJ Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abilene KS 67410 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2, 9, 07
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>NJ Sherck</u> (track, institution, agency, individual) Address: <u>2228 Fair Rd.</u> (Street address) <u>Abilene KS 67410</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Justin Duke</u> Company _____ Driver's license # <u>446-76-4115</u> State <u>OK</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2907
(Signature of trainer/kennel operator) (Date)

Ed Travis [Signature] 2/9/07
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rinal of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Sol Brook 94A 29074
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by NJ Sherck of 2228 Fair RD.
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3/23/08
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Forever Homes</u> (track, institution, agency, individual) Address: <u>213 West Fulton RD.</u> (Street address) <u>Middleburg NY 12122</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Paula Laporte</u> Company <u>SELF</u> Driver's license # <u>117-44-5299</u> State <u>NY</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 3/23/08
(Signature of trainer/kennel operator) (Date)
Paul Moore, [Signature], 03/23/08
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that SOL BOBIS 25H, 31177
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by WJ Sherck of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abilene KS 6740, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6, 15, 07
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>John Dickinson</u> <u>Tampa Greyhound Park</u> (track, institution, agency, individual)</p> <p>Address: <u>8300 Nebraska Ave</u> (Street address) <u>Tampa FL 33604</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6/15/07
(Signature of trainer/kennel operator) (Date)

ED TRAVIS [Signature] 6/15/07
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, John Englehart of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Sol Blackshine 25G / 31177
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by N. J. Sheek of 2228 Fair Rd.
(Printed name of owner) (Street address)

Abilene KS 67410, who last raced at Dayton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 / 14 / 07
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>RECIPIENT/FACILITY <u>John Dickenson</u></p> <p>Name: <u>Tampa Greyhound Park</u> (track, institution, agency, individual)</p> <p>Address: <u>8300 Nebraska Ave.</u> (Street address)</p> <p><u>Tampa, FL 33604</u> (City/town, State, Zip)</p>
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TRANSPORT AGENT

Name John Dickenson

Company Dickenson Hauling

Driver's license # D252-473-62-229-0 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5-14-07
(Signature of trainer/kennel operator) (Date)

EO Travis [Signature] 5-17-07
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, John Eyleheart of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Sealtest Road 104I 129687
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Thomas Orley of 2727 S. Ocean Blvd.
(Printed name of owner) (Street address)

Highland Beach FL 33487 who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 4 07
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p align="center">RECIPIENT/FACILITY <i>John Dickenson</i></p> <p>Name: <u>Tampa Greyhound Park</u> (track, institution, agency, individual)</p> <p>Address: <u>8300 Nebraska Ave.</u> (Street address)</p> <p><u>Tampa FL 33604</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickenson</u></p> <p>Company <u>Dickenson Haling</u></p> <p>Driver's license # <u>D252-473-62-229-0</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8-9-07
(Signature of trainer/kennel operator) (Date)

Bshara [Signature] 8/4/07
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that SE'S Run for me 54E 126558
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Thomas Oxley of 2727 S. Ocean Blvd.
(Printed name of owner) (Street address)

Highland Beach FL 33489, who last raced at Royalton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 11 / 18 / 06
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Thomas Oxley</u> (track, institution, agency, individual) Address: <u>2727 S. Ocean Blvd.</u> (Street address) <u>Highland Beach FL 33489</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company _____

Driver's license # D252-473-62-239 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____, 11/8/06
(Signature of trainer/kennel operator) (Date)

EO Toland, _____, 11/8/06
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alex Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that W. D. Natalie Pepper 42258, 473
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Randal Crobtree of 183 Fairwheel Dr
(Printed name of owner) (Street address)

Wheating WV 26003, who last raced at Ravinon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6/17/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Option</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>43 Sybil Rd</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Woe Mo. 60182</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Alex Rink, 6/17/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightburn, Alexandra Lightburn, 6/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Wild Rosemarie 67D 143079
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Randall Crostree of 183 Four Wheel Dr.
(Printed name of owner) (Street address)

Wheeling WV 26003, who last raced at Royhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 27 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GRAT</u> (track, institution, agency, individual) Address: <u>P.O Box 196</u> (Street address) <u>Buffalo NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/27/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lighton, m, Alexandra Lighton, m, 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that WILD MY MARILYN 42915 152C
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Randell Crabtree of 183 Fenwood Dr
(Printed name of owner) (Street address)

W. Shelton MA 02093, who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 12 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Amazing Grey 2</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>Sheltonville MA</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>02090</u>
<input type="checkbox"/> 4. Placed for adoption	<u>P.O. Box 387</u> (City/town, State, Zip)
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Alvin Rink

Company SELF

Driver's license # 024-46-7141 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6/21/09
(Signature of trainer/kennel operator) (Date)

MTCunningham [Signature] 7/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alan Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Wild Giggles 44826 1077B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Randell Crabtree of 183 Fourwheel Dr.
(Printed name of owner) (Street address)

Wheating WV 26003 who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Option</u> (track, institution, agency, individual) Address: <u>43 Sybil Rd</u> (Street address) <u>Worcester Mo. 61082</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6/17/09
(Signature of trainer/kennel operator) (Date)

Alexander Lightbourn Alexander Lightbourn 6/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that WILD ESCAPE 44020, 87E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Randall Crabtree of 183 Four wheel Dr.
(Printed name of owner) (Street address)

Wheeling WV 26003 who last raced at Royannan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 / 12 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Forever Homes</u> (track, institution, agency, individual) Address: <u>213 West Fulton Rd</u> (Street address) <u>Middleburg NY 12122</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Paula Laporte</u> Company <u>Self</u> Driver's license # <u>117-44-5299</u> State <u>NY</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 7/12/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 7-17-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Coconut Man 576 142260
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano of 164 North St
(Printed name of owner) (Street address)

Barnston VT 05001, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Pensacola</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>951 Dog Track rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Pensacola FL 32575</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Don Jarett

Company _____

Driver's license # JL 30185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 1-16-09
(Signature of trainer/kennel operator) (Date)

MARLE RSTRICH, [Signature], 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Craigie Lilly 40⁹⁶⁹117K
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Samaras of 74 Forest St
(Printed name of owner) (Street address)

W. Bridgewater MA 02319 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5400 Brandenton rd</u> (Street address) <u>Sarasota FL 34239</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Pon Jarett

Company _____

Driver's license # 36301858491290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/10/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arona of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Eddie Fadal 671142873
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1104 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Don Jarett</u> Company _____ Driver's license # <u>J630195441240</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 1/10/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Frau Pieper 676 142803
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1104 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensecola</u> (track, institution, agency, individual) Address: <u>951 Dog Track rd</u> (Street address) <u>Pensecola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Don Jirett

Company _____

Driver's license # 5630185441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 1/10/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Jean B. Alpha 376 141812
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1104 Noah St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Bradenton rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota</u> <u>FL</u> <u>34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Don Jarrett

Company _____

Driver's license # J6301855441240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/10/09
(Signature of trainer/kennel operator) (Date)

MARL ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arera of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Mischief Night 37D141874
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Shaun Williams of Rt4 Box 2100
(Printed name of owner) (Street address)

Sayre OK 73992 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5900 Brandenton rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota FL 34234</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Don Jarett

Company _____

Driver's license # 56301955471240 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/10/09
(Signature of trainer/kennel operator) (Date)

MARCESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arcera of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Mosley Callahan 67H 142875
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Rainbow
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION	RECIPIENT/FACILITY
(check one)	
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Don Jarrett</u> Company _____ Driver's license # <u>5630185441240</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 1/10/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M. Hatch II of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Mustang Boodaboy 37E 128118
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Sarna of James Zavis of 102 ACCT DT
(Printed name of owner) (Street address)

Middleton CT 06457 who last raced at Raypham Jester
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 13 08
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola Greyhound Park</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32578</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Chris Fulchino

Company Self

Driver's license # 017-69-8890 State RI

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M. Hatch II 2-20-08
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 2-20-08
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Anna of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that OTC Big Staff 40488/26B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Canaan Gray or MBL Metals of Rt 1 Box 112B
(Printed name of owner) (Street address)

Acton Springs VT 73709 who last raced at Roughham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 31 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GRAT</u> (track, institution, agency, individual) Address: <u>PO Box 194</u> (Street address) <u>Buffalo NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/30/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRILIN [Signature] 1/31/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arora of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Rooftop Eagle 34B, 125412
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1, 31, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Rescue of Quebec</u> (track, institution, agency, individual) Address: <u>432 Hampton Court</u> (Street address) <u>Quebec</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214718744 State VT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/30/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/31/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Ruth Roman 67E 142873
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Berlington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Don Jarett</u>	
Company _____	
Driver's license # <u>J630185941240</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/10/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Sabin Dell 106 D1 40099
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Bennington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota</u> (track, institution, agency, individual) Address: <u>5900 Brandon rd</u> (Street address) <u>Sarasota FL 34234</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>Don Jancet</u>	
Company _____	
Driver's license # <u>56301855441240</u> State <u>FL</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/10/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatch of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that King's own 24C 1 29535
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Sharon Williams of 579 Box 200
(Printed name of owner) (Street address)

Sayre OH 73992 who last raced at Rayhan/Texas
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Friends of N.S.</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 4916</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Cherry Hill NJ 08034-0669</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Richard M Hatch III

Company SELF

Driver's license # 541192912 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hatch III, 1-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH, [Signature], 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that TK Firefly 126E, 40603
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Steve Serras of 74 Forest St
(Printed name of owner) (Street address)

W Bridgewater MA 02319 who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sarasota Greyhound Park</u> (track, institution, agency, individual) Address: <u>5700 Brandon Rd</u> (Street address) <u>Sarasota FL 34239</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Don Jurett</u> Company _____ Driver's license # <u>JA30185894290</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/10/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Arena of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Talky Tina 115 F 135373
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 1104 North St
(Printed name of owner) (Street address)

Burlington VT 05201 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Pensacola</u> (track, institution, agency, individual) Address: <u>951 Dog Track Rd</u> (Street address) <u>Pensacola FL 32575</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Don Jarett</u> Company _____ Driver's license # <u>JL630185441240</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1/10/09
(Signature of trainer/kennel operator) (Date)

MARLE ETRICH [Signature] 1/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hayes III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Talking Kate 66H 138597
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tina Williams of Rt 4 Box 260
(Printed name of owner) (Street address)

Sayre OK 73662 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 17 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling Downs</u> (track, institution, agency, individual) Address: <u>SO. Penn + Stone St.</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Kevin Blake</u>
Company <u>Silver Bullet</u>
Driver's license # <u>444622621</u> State <u>OK</u>

* Complete if method of disposition was euthanasia:

_____	_____
(Name of person who performed euthanasia)	(Affiliation, title)
_____	_____
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hayes III, 1-17-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbown, Alexandra Lightbown, 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Sarah Aronson of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that Sweet Mary Lou 1066 140099
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Anthony Napolitano Jr of 164 North St
(Printed name of owner) (Street address)

Beamington VT 05801 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Sarasota</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>5400 Brandenton rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Sarasota FL 34239</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Don Jarett

Company _____

Driver's license # JL301855 991290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 1-10-09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 1/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M. Hatch III of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that SW Dams Whoopie 26A 136449
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alvin Staggis of 20763 State Hwy 29
(Printed name of owner) (Street address)

Blair OK 73526 who last raced at Rumhams
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1 7109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Wheeling downs</u> (track, institution, agency, individual) Address: <u>50 Penn + Stone St</u> (Street address) <u>Wheeling WV 26003</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Silver Bullet

Driver's license # 444 622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M. Hatch, 1-3-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbun m, Alexandra Lightbun, 1/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Richard M Hatch II of Kennel # 8
(Printed name of trainer/kennel operator)

Swear and affirm that SJ Joyce 86I 139528
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alvin Staggis of 20763 State Hwy 19
(Printed name of owner) (Street address)

Blair OK 73526, who last raced at Rayham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 1 1 7 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Wheeling Downs</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>30 Pennf Stone St</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Wheeling WV 26003</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Kevin Blake

Company Silver bullet

Driver's license # 444622621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, Richard M Hatch II, 1-7-09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightman, Alexandra Lightman, 1/7/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alex Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that KIONA VILLAZON 95C 134703
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miami Lakes FL 33014, who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 29 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>James O'Donnell</u> (track, institution, agency, individual) Address: <u>16110 Kings Moor Way</u> (Street address) <u>Miami Lake FL 33014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company _____

Driver's license # D252-473-02-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/29/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRIN [Signature] 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Sport Hill 1
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. ALTON Way
(Printed name of owner) (Street address)

Denver CO. 80231, who last raced at Roxbury
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Amazing GreyX Inc</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 387</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Franklin MA. 02070</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Alvin Rink

Company Self

Driver's license # 024-46-7141 State MA.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) 12/19/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that K. OWA SALT 37B, 41439
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. ALTON WAY
(Printed name of owner) (Street address)

Denver CO. 80231, who last raced at ROYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Amazing GreyX Inc</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 387</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Franklin MA. 02070</u> (City/town, State, Zip)
<input type="checkbox"/> 3. Retired for breeding	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Alvin Rink

Company SELF

Driver's license # 024-46-7141 State MA.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector

[Signature] 12/19/09
(Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that KIONA OK ODESSA 37A 141767
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moonway
(Printed name of owner) (Street address)

Miami Lakes FL 33014, who last raced at Royalman
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>P.O Box 4416</u> (Street address) <u>Cherry Hill, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Karin Blaska

Company Self

Driver's license # 444-62-2621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6/10/09
(Signature of trainer/kennel operator) (Date)

[Signature] 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alex Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Rooftop Kahn 26H, 36341
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jones Potter of 294 RD 140
(Printed name of owner) (Street address)

Eporin KS 66801, who last raced at Rainham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami FL, 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Delvin

Company SELF

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/11/09
(Signature of trainer/kennel operator) (Date)

Manningham [Signature] 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alex Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Roof Top Holly 36341, 26E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James Potter of 294 RD 140
(Printed name of owner) (Street address)

Eponia KS 66801, who last raced at Royaham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami, FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Addison

Company Self

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 12/11/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham, [Signature], 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Road Race 41268 127A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Connie Callahan of 6415 S. Rainbow Pt
(Printed name of owner) (Street address)

Honoloua HI 34446 who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 / 28 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Wag Inc.</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 1114</u> (Street address)
<input checked="" type="checkbox"/> 4. Placed for adoption	<u>Colchester CT. 06033</u> (City/town, State, Zip)
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Wade Jensen

Company _____

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6/28/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbown Alexandra Lightbown 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Rogline Frigole 125A 135805
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Peggy Roglin of 9665 Fm 908
(Printed name of owner) (Street address)

Rockdale TX 76567, who last raced at Roylton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 25 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Option Inc.</u> (track, institution, agency, individual) Address: <u>43 Syguel Rd.</u> (Street address) <u>Ware MA. 01082</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214 718 744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/25/09
(Signature of trainer/kennel operator) (Date)

MARC EBRICH [Signature] 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that RogTime Franky 66F 138423
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Peggy Rogline of 9665 Fm 908
(Printed name of owner) (Street address)

Rockdale, TX 26567, who last raced at Roynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3/25/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Kindred Spirit's Greyhound Adoption</u> (track, institution, agency, individual) Address: <u>6685 Reservoir Rd.</u> (Street address) <u>Clinton NY 13323</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Linda Jensen</u> Company _____ Driver's license # <u>214-218744</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

_____	_____
(Name of person who performed euthanasia)	(Affiliation, title)
_____	_____
(Method of euthanasia)	(Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/25/09
(Signature of trainer/kennel operator) (Date)

MARC ESTYH [Signature] 3/25/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Ragtime Freda 125C, 135805
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Peggy Roglin of 9665 Fm 908
(Printed name of owner) (Street address)

RoxDdc Tx 76567, who last raced at Royalton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38th CT</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami FL 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/11/09
(Signature of trainer/kennel operator) (Date)

M C Cunningham [Signature] 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that RogTime Frances 125D 135805
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Peggy Roghin of 9665 Fm 908
(Printed name of owner) (Street address)

RockDale Tx 76567, who last raced at Royhan,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 14 / 09
(Month) (Day) (Year)

<p>METHOD OF DISPOSITION (check one)</p> <p><input checked="" type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason</p>	<p>RECIPIENT/FACILITY</p> <p>Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual)</p> <p>Address: <u>401 NW 38th CT</u> (Street address)</p> <p><u>Miami, FL, 33126</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>John Dickinson</u></p> <p>Company <u>SELF</u></p> <p>Driver's license # <u>252-473-62-2290</u> State <u>FL</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/11/09
(Signature of trainer/kennel operator) (Date)

[Signature] 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that PJ's Bo Bo 36H 136798
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Peter Cardillo of 45A So. Killingly Rd.
(Printed name of owner) (Street address)

Foster RI 02825, who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5/27/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>GRAT</u> (track, institution, agency, individual) Address: <u>P.O. Box 196</u> (Street address) <u>BUFFALO NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214 7187214 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/27/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lighty, Alexandra Lighty, 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Pink Oak Sioux 125D, 36546
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Peggy Roghin of 7665 Fm 908
(Printed name of owner) (Street address)

Rockdale TX 76567 who last raced at Roydon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Options</u> (track, institution, agency, individual) Address: <u>435 Ygin Rd.</u> (Street address) <u>Worcester Ma. 01082</u> (City/town, State, Zip)
TRANSPORT AGENT Name <u>Linda Jensen</u> Company _____ Driver's license # <u>2147K8 244</u> State <u>CT</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2/14/09
(Signature of trainer/kennel operator) (Date)
MARC ESTRICH, [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alina Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa DK Angel 107A 144518
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 South Dalton Way
(Printed name of owner) (Street address)

Denver CO. 80231 who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9/26/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Rescue Adoptions</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 196</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>BUFFALO NY 14207</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214 718 744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/26/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Lockahman 18C 145430
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pauline O'Donnell of 16110 King Moor Way
(Printed name of owner) (Street address)

Middletown Lakes FL 33014, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10/17/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue</u> (track, institution, agency, individual) Address: <u>P.O. Box 572</u> (Street address) <u>Cross River NY 10518</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>Linda Jensen</u> Company <u>Self</u> Driver's license # <u>214-78-744</u> State <u>CT</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 10/17/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 10/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiona Kingsley 87D 143973
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 South Dton Way
(Printed name of owner) (Street address)

Denver CO. 80231, who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 26 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue Adoption</u> (track, institution, agency, individual) Address: <u>P.O. Box 196</u> (Street address) <u>BUFFALO NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company SELF

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 9/26/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Pink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiona Gray 45257 1127B
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Tommy O'Donnell of 16110 Kings Moor
(Printed name of owner) (Street address)

Miami Lakes FL 33014, who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Tommy O'Donnell</u> (track, institution, agency, individual) Address: <u>16110 Kings Moor</u> (Street address) <u>Miami Lakes FL 33014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Dan J. Kelt

Company Self

Driver's license # J6 30185 544 12 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 6/10/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ALVIN RINK of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that KIOWA GREGORY PECK 56K 138051
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by JAMES O'DONNELL of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miami Lakes FL 33014, who last raced at Reynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue ADOP.</u> (track, institution, agency, individual) Address: <u>P.O. Box 196</u> (Street address) <u>Buffalo NY 14207</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214 718 744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

MG.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Ritek of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kings Emoracion 97E, 44187
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 South ALTON WAY
(Printed name of owner) (Street address)

Denver CO 80231 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10/17/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Rescue</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 572</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Cross River NY 10518</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214-718-244 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 10/17/09
(Signature of trainer/kennel operator) (Date)

[Signature], 10/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Cutie Pie 444 37, 97A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James J. Danwell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Main Lakes VT. 3304 who last raced at Roxton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 / 17 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Option</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>43 Sybil Rd</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Ware MA 01082</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214-218 744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 6/17/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lighten, Alexandra Lighten, 6/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Known class Girl 107F 141592
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. ALTON WAY
(Printed name of owner) (Street address)

Denver CO. 80231, who last raced at Royanom
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Amazing GreyX Inc</u> (track, institution, agency, individual) Address: <u>P.O. Box 387</u> (Street address) <u>Franklin MA. 02070</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Alvin Rink

Company Self

Driver's license # 024-46-7141 State MA.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, _____ 12/19/09
(Signature of trainer/kennel operator) (Date)
Michael T. Cunningham
 (Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Pink Oak ~~Comanche~~ 125A, 36556
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Peggy Rabin of 9665 Fm 908
(Printed name of owner) (Street address)

Rockdale TX 76567, who last raced at Roxboro
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami FL, 33126</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>John Dickinson</u> Company <u>Self</u> Driver's license # <u>252-473-62-2290</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:

_____ (Name of person who performed euthanasia)	_____ (Affiliation, title)
_____ (Method of euthanasia)	_____ (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 12/11/09
(Signature of trainer/kennel operator) (Date)

McMinnigh, [Signature], 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, ALVIN RIZK of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that MAY GAZ GILLY 1160 42307
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Michael Orlando of 420 Woodshire Lane
(Printed name of owner) (Street address)

Naples FL 34105, who last raced at Royalton
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 10 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Friends of NJ</u> (track, institution, agency, individual) Address: <u>P.O. Box 4416</u> (Street address) <u>Cherry Hill, NJ 08034</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Kevin Blaske

Company Self

Driver's license # 444-62-2621 State OK

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 6/10/09
(Signature of trainer/kennel operator) (Date)

[Signature], 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Don Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that MADONNA SKAMMER 16B, 36244
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Melvin Langford of 7818 EXTER BLV.
(Printed name of owner) (Street address)

TIMORAC #1 33321, who last raced at ROYNHAM
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>401 NW 38TH CT</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Miami FL, 33126</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/11/09
(Signature of trainer/kennel operator) (Date)

M Cunningham [Signature] 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that LAZY K JIMMY 55B, 32884
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. ALTON WAY
(Printed name of owner) (Street address)

Denver CO. 80231, who last raced at ROYNHAM,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 19 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Amazing Greyx Inc</u> (track, institution, agency, individual) Address: <u>P.O. Box 387</u> (Street address) <u>Franklin MA. 02070</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Alvin Rink

Company SELF

Driver's license # 024-46-7141 State MA.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 12/19/09
(Signature of trainer/kennel operator) (Date)

Michael T. Cunningham, 12/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Zapper-Koy 65A, 133370
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 King Mar-Way
(Printed name of owner) (Street address)

Miami Lakes FL 33014, who last raced at Ryanham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9/11/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Forever Homes</u> (track, institution, agency, individual) Address: <u>213 West Fulton RD.</u> (Street address) <u>Middleburg NY 12122</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Pauha Laporte

Company SELF

Driver's license # 117-44-5299 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 9/11/09
(Signature of trainer/kennel operator) (Date)

[Signature], 9-11-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Lourds Run 65B 133174
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moorway
(Printed name of owner) (Street address)

Miami Lakes Fl. 33014 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 29 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>James O'Donnell</u> (track, institution, agency, individual) Address: <u>16110 Kings Moorway</u> (Street address) <u>Miami Lakes Fl. 33014</u> (City/town, State, Zip)
TRANSPORT AGENT	
Name <u>John Dickinson</u>	
Company _____	
Driver's license # <u>D252-423-62-2290</u> State <u>MA Fl.</u>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/29/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 4/1/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alex Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kay Gandy Kisses 43A 131765
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miami Lakes FL 33014, who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 3 12 9 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input checked="" type="checkbox"/> 2. Returned to owner <input checked="" type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>James O'Donnell</u> (track, institution, agency, individual) Address: <u>16110 Kings Moorway</u> (Street address) <u>Miami Lakes FL 33014</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company _____

Driver's license # D252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 3/29/09
(Signature of trainer/kennel operator) (Date)

MARC FSBICHT [Signature] 3/29/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Al. Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hoggie Tis 116H 140307
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Mike Orlandi of 420 Weensie Lane
(Printed name of owner) (Street address)

Norfolk FL 34103, who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 30 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhound Options</u> (track, institution, agency, individual) Address: <u>43 Sygial Rd.</u> (Street address) <u>Ware Mo. 01821</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214-718-744 State VT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/30/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lighten, Alexandra Lighten, 6/19/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hallo West Wind 44678 1107D
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kingsway
(Printed name of owner) (Street address)

Miami Lakes FL 33104, who last raced at Rayham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 6 122 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Amazing Grey 2</u> (track, institution, agency, individual) Address: <u>P.O. 387</u> (Street address) <u>Sheltonville MA 02070</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Alvin Rink

Company Self

Driver's license # 024-46-7141 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 6/22/09
(Signature of trainer/kennel operator) (Date)

MTC [Signature] [Signature] 7/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Holly Talent Sue 87A 144296
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

North Lakes FL 33014, who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 / 7 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Amazing Grey 2</u> (track, institution, agency, individual) Address: <u>P.O. Box 387</u> (Street address) <u>Sheltonville MD. 22070</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Alvin Rink

Company SELF

Driver's license # 024-467141 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 10/7/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 10/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rinal of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hello So Social 127C, 45175
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Way
(Printed name of owner) (Street address)

Miami Lakes FL 33014, who last raced at Royano
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9, 18, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Options</u> (track, institution, agency, individual) Address: <u>43 Sybil RD.</u> (Street address) <u>Ware Mo. 01082</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214-718-744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9/18/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 9/18/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, John Englehart of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hallo Smile Past 446781 107E
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pauline O'Donnell of 16410 Kings Moor Way
(Printed name of owner) (Street address)

Miamilakes FL 33014 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 9 12 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Pets of America / MASS.</u> (track, institution, agency, individual) Address: <u>P.O. Box 1495</u> (Street address) <u>Middleboro, MA 02346</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 9-12-09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 9/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hollo Shaw 77B 143455
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pauline O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miam Lakes FL 33014, who last raced at Raynham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10/17/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Rescue</u> (track, institution, agency, individual) Address: <u>P.O. Box 572</u> (Street address) <u>Cross River NY 10518</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Jeff

Driver's license # 214-718-744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 10/17/09
(Signature of trainer/kennel operator) (Date)

MTC Cunningham, [Signature], 10/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that SeaDak Robert Rubin 115A 135567
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Peggy Raghin of 9665 Fm 908
(Printed name of owner) (Street address)

Rockdale TX 76567 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT
Name <u>John Dickinson</u> Company <u>Self</u> Driver's license # <u>252-473-62-2290</u> State <u>FL</u>

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/11/09
(Signature of trainer/kennel operator) (Date)

[Signature] 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that SANTAK Robert 115E 135567
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Peggy Rabin of 9665 Fm 908
(Printed name of owner) (Street address)

Round Dale TX 76507 who last raced at Rayhanon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 / 14 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Decker

Company Self

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/11/09
(Signature of trainer/kennel operator) (Date)

M Cunningham [Signature] 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alex R. Hill of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Santaak Randy 1156 135567
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Peggy Roglin of 9665 Fm 908
(Printed name of owner) (Street address)

Roslindale Tx 76567 who last raced at Reynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami, FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company SELF

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 12/11/09
(Signature of trainer/kennel operator) (Date)

McCUNNINGHAM, [Signature], 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Ahio Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Rony Slammer 16A 136244
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Melvin Langford of 7818 Exeter Blvd.
(Printed name of owner) (Street address)

Tampac FL 33321, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12/14/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami FL 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # 252-473-62-2290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/11/09
(Signature of trainer/kennel operator) (Date)

M Cunningham [Signature] 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Fran Spirit 3/297 125F
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Corinne Callahan of 6415 S. Rainbow Rt.
(Printed name of owner) (Street address)

Honolua Fl. 34446, who last raced at Royann
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Corinne Callahan</u> (track, institution, agency, individual)
<input checked="" type="checkbox"/> 2. Returned to owner	Address: <u>6415 S. Rainbow Rt.</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Honolua Fl. 34446</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Humanely euthanized*/ reason	

TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # 252 473 62 2290 State Fl

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature], 7/5/09
(Signature of trainer/kennel operator) (Date)

[Signature], 7/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alwin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Flurry Guy 666, 31818
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Melvin Langford of 7818 Exton Blv.
(Printed name of owner) (Street address)

Tombac Fl 33321, who last raced at Roxham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 12, 14, 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Hollywood Greyhound Track</u> (track, institution, agency, individual) Address: <u>401 NW 38th CT</u> (Street address) <u>Miami, FL, 33126</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # 252-473-62-2190 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 12/11/09
(Signature of trainer/kennel operator) (Date)

M. Cunningham [Signature] 12/11/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rint of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Flashy ~~Gay~~ Abbie 66A 38187
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Alvin Longford of 7818 Exeter Blvd
(Printed name of owner) (Street address)

Tomoadc Fl. 33321, who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 11 09
(Month) (Day) (Year)

METHOD OF DISPOSITION <small>(check one)</small>	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Forever Homes</u> <small>(track, institution, agency, individual)</small> Address: <u>213 West Fulton Rd.</u> <small>(Street address)</small> <u>Middleburg NY 12122</u> <small>(City/town, State, Zip)</small>

TRANSPORT AGENT

Name Paula Laporte

Company _____

Driver's license # 117-44-5299 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 4/1/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightman, Alexandra Lightman, 4/3/09
(Printed name of witness (MSRC Inspector) (Signature of Witness) MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Fearless F-TO 67C 142907
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Max Friedman of 79 Whipcord Hill Rd.
(Printed name of owner) (Street address)

N. Franklin CT 06254, who last raced at Roxbury
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 4 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Delroy Kennel</u> (track, institution, agency, individual) Address: <u>301 Dog Track Rd</u> (Street address) <u>Longwood FL 32752</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company _____

Driver's license # 252-473 62 2295 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 7/4/09
(Signature of trainer/kennel operator) (Date)

[Signature] 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC-Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiona Classchick 107C 144592
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Smith Greyhounds of 2229 S. ALTON WAY
(Printed name of owner) (Street address)

Denver Co. 80231, who last raced at Ryanham,
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5/27/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>GRAT</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>P.O. Box 196</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>BUFFALO NY 14207</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214-718744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/27/09
(Signature of trainer/kennel operator) (Date)

Ahaandra Lightson, Jr, Alexandro Lightson, 6/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that KIOWA ALTUS ABOL 85D 134577
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moor
(Printed name of owner) (Street address)

Miami Fl. 33014, who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Greyhounds Options</u> (track, institution, agency, individual) Address: <u>43 Syguel Rd.</u> (Street address) <u>Ware MA. 01082</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214-714-744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2/14/09
(Signature of trainer/kennel operator) (Date)

MARC EUBRICH [Signature] 2/17/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that KINGA MISS KITTY 126A, 40519
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miami Lakes FL 33014, who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5/8/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<p><input type="checkbox"/> 1. Relocated to another track</p> <p><input type="checkbox"/> 2. Returned to owner</p> <p><input type="checkbox"/> 3. Retired for breeding</p> <p><input checked="" type="checkbox"/> 4. Placed for adoption</p> <p><input type="checkbox"/> 5. Sold/donated for research</p> <p><input type="checkbox"/> 6. Other _____</p> <p><input type="checkbox"/> 7. Humanely euthanized*/ reason _____</p>	<p>Name: <u>Forever Home</u> (track, institution, agency, individual)</p> <p>Address: <u>213 West Fenton Rd</u> (Street address)</p> <p><u>Middleburg NY 12122</u> (City/town, State, Zip)</p>
<p>TRANSPORT AGENT</p> <p>Name <u>Paula Laporte</u></p> <p>Company <u>SCIA</u></p> <p>Driver's license # <u>117-44-5297</u> State <u>NY</u></p>	

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 5/8/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 5-22-09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alex Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Kiowa Sleepy O 35F 131679
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moorway
(Printed name of owner) (Street address)

Miami Lakes FL 33014, who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 4 / 1 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Forever Homes</u> (track, institution, agency, individual) Address: <u>213 West Fulton Rd</u> (Street address) <u>Middleburg NY 12122</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Poula Laporte

Company _____

Driver's license # 117-44-5299 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 4/1/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbown, Alexandra Lightbown, 4/13/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Pink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hallo Ross B 39369 186A
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jones O'Donnell of 16110 King Moor
(Printed name of owner) (Street address)

Miami FL 33014, who last raced at Rothman
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 5 16 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Greyhound Options</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>43 Syguel RD</u> (Street address)
<input checked="" type="checkbox"/> 3. Retired for breeding	<u>Worcester Mass. 01012</u> (City/town, State, Zip)
<input type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214-71-8744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 5/16/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 5/22/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Holly Pontifex 77A 143207
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miami Lakes FL 33014, who last raced at Roxbury
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8/5/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Fast Friends Greyhound</u> (track, institution, agency, individual) Address: <u>80 Knif Rd.</u> (Street address) <u>Keene, NH 03431</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214 718 744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/5/09
(Signature of trainer/kennel operator) (Date)

[Signature] 8/21/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hollo Piper 107A 144641
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pauline O'Donnell of 16110 Kings Moorway
(Printed name of owner) (Street address)

Miam Lakes Fl. 33014 who last raced at Raynon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 29 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Forever Homes</u> (track, institution, agency, individual) Address: <u>213 West FULTON RD.</u> (Street address) <u>Middleburg NY 12122</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Paulo Loparte

Company _____

Driver's license # 117-44-5299 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 7/24/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightborn, M.D. Alexandra Lightborn 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin R. Aik of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that HALLO PATRIOTS 86F 139369
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Jones O'Donnell of 16110 Kingsmoor Way
(Printed name of owner) (Street address)

Miami Lakes FL 33014 who last raced at Raynham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 2 14 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Greyhound Options</u> (track, institution, agency, individual) Address: <u>43 Sybil Rd</u> (Street address) <u>Ware Ma. 01082</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company _____

Driver's license # 214-218-744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 2/14/09
(Signature of trainer/kennel operator) (Date)

MARC ESTRICH [Signature] 2/27/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hallo PATOMAS 1276 145431
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moor
(Printed name of owner) (Street address)

Winn. Lakes NH 33014, who last raced at Roxbury
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 15 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Fast Friends Greyhounds</u> (track, institution, agency, individual) Address: <u>80 KRIFF RD.</u> (Street address) <u>Keene NH 03431</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jensen

Company Self

Driver's license # 214-718-744 State VT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/5/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] [Signature]
(Printed name of witness (MSRC Inspector)) (Signature of Witness-MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alex Pink of Kennel # _____
(Printed name of trainer/kennel operator)

Swear and affirm that Holly My Cotto 43932 1876
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moor
(Printed name of owner) (Street address)

Miami Lakes FL 33014 who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8/5/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track	Name: <u>Fast Friends Grey</u> (track, institution, agency, individual)
<input type="checkbox"/> 2. Returned to owner	Address: <u>80 KAIT RD.</u> (Street address)
<input type="checkbox"/> 3. Retired for breeding	<u>Keene, NH 03431</u> (City/town, State, Zip)
<input checked="" type="checkbox"/> 4. Placed for adoption	
<input type="checkbox"/> 5. Sold/donated for research	
<input type="checkbox"/> 6. Other _____	
<input type="checkbox"/> 7. Humanely euthanized*/ reason _____	

TRANSPORT AGENT

Name Linda Jason

Company Self

Driver's license # 214-718-244 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/5/09
(Signature of trainer/kennel operator) (Date)

[Signature] [Signature] 8/2/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hollo Good Look 127A, 45431
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miami Lakes FL 33014 who last raced at Roxham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10/7/09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. Humanely euthanized*/ reason	Name: <u>Amazing Gray 2</u> (track, institution, agency, individual) Address: <u>P.O. Box 387</u> (Street address) <u>Shelburne, MA 02070</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Alvin Rink

Company STIF

Driver's license # 024-46-2141 State MA

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) _____ (Affiliation, title) _____

(Method of euthanasia) _____ (Method of disposition of body) _____

Signed under the pains and penalties of perjury, [Signature] 10/7/09
(Signature of trainer/kennel operator) (Date)

[Signature] 10/12/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Albi-Rak of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hallo classy COT 866 139512
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by James O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Miami Lakes FL 33014, who last raced at Roxnham
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 8 / 9 / 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>FAST FRIENDS</u> (track, institution, agency, individual) Address: <u>80 KMF RD</u> (Street address) <u>Keene NH 03431</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Linda Jewson

Company S&B

Driver's license # 214-78-744 State CT

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 8/9/09
(Signature of trainer/kennel operator) (Date)

MT Canary [Signature] 8/26/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hollo Call Angel 97F 44226
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pauline O'Donnell of 16110 Kings Moor
(Printed name of owner) (Street address)

Miami Lakes FL 33014 who last raced at Roxbury
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 10 30 09
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Amazing Grey 2</u> (track, institution, agency, individual) Address: <u>P.O. Box 387</u> (Street address) <u>Franklin MA. 02070</u> (City/town, State, Zip)

TRANSPORT AGENT

Name Alvin Rink

Company Self

Driver's license # 024-46-7141 State MA.

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 10/30/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham, [Signature], 10/30/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness (MSRC Inspector)) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Hallo All Phoebe 107B 144641
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Pouline O'Donnell of 16110 Kings Moor Way
(Printed name of owner) (Street address)

Man. Lakos Fl. 3304, who last raced at Royndon
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 29 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input checked="" type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Forever Homes</u> (track, institution, agency, individual) Address: <u>213 West Fulton Rd.</u> (Street address) <u>Middleburg NY 12122</u> (City/Town, State, Zip)

TRANSPORT AGENT

Name Poula Laporte

Company _____

Driver's license # 117-44-5299 State NY

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature], 7/29/09
(Signature of trainer/kennel operator) (Date)

Alexandra Lightbom, MSRC, Alexandra Lightbom, MSRC, 8/6/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness) MSRC Inspector (Date)



**MASSACHUSETTS STATE RACING COMMISSION
STATEMENT OF GREYHOUND DISPOSITION**

I, Alvin Rink of Kennel # 10
(Printed name of trainer/kennel operator)

Swear and affirm that Fisky Faye 67A 142907
(Printed name of greyhound) (Right tattoo) (Left tattoo)

Owned by Max Friedman of 79 Whippoornill Rd.
(Printed name of owner) (Street address)

N Franklin VT 06254, who last raced at Rayhan
(City/town) (State) (Zip code) (Name of track)

had the following manner of disposition on 7 14 109
(Month) (Day) (Year)

METHOD OF DISPOSITION (check one)	RECIPIENT/FACILITY
<input checked="" type="checkbox"/> 1. Relocated to another track <input type="checkbox"/> 2. Returned to owner <input type="checkbox"/> 3. Retired for breeding <input type="checkbox"/> 4. Placed for adoption <input type="checkbox"/> 5. Sold/donated for research <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Humanely euthanized*/ reason _____	Name: <u>Sanford Orlando Kennel</u> (track, institution, agency, individual) Address: <u>301 Dog Track Rd.</u> (Street address) <u>Longwood FL 32752</u> (City/town, State, Zip)

TRANSPORT AGENT

Name John Dickinson

Company Self

Driver's license # 252473022290 State FL

* Complete if method of disposition was euthanasia:

(Name of person who performed euthanasia) (Affiliation, title)

(Method of euthanasia) (Method of disposition of body)

Signed under the pains and penalties of perjury, [Signature] 7/4/09
(Signature of trainer/kennel operator) (Date)

MT Cunningham [Signature] 7/5/09
(Printed name of witness (MSRC Inspector)) (Signature of Witness MSRC Inspector) (Date)

M.G.L. Chap. 128C, sec. 7 "Whoever knowingly makes a false written statement on a disposition form shall be punished by imprisonment for up to 2 years and a fine of up to \$ 2500, or both such fine and imprisonment"

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Regulated Industries Committee

BILL: CS/SB 680

INTRODUCER: Regulated Industries Committee and Senator Bogdanoff

SUBJECT: Residential Properties

DATE: January 26, 2012 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Oxamendi	Imhof	RI	Fav/CS
2.	_____	_____	JU	_____
3.	_____	_____	BC	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE..... Statement of Substantial Changes

B. AMENDMENTS..... Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

I. Summary:

The bill revises several provisions related to the governance of condominium, cooperative, and homeowners' associations.

The bill would prohibit the enforcement of the Phase II Firefighter's Service requirement for existing elevators until the elevator is replaced or the elevator requires major modification. This requirement permits the operation and exclusive control of an elevator by firefighters for evacuating the physically disabled in occupied buildings and for moving firefighters and equipment during an emergency.

The bill prohibits the Department of Business and Professional Regulation (department) from publishing a community association manager licensee's personal home address unless it is for the purpose of satisfying a public records request.

Regarding condominiums, the bill:

- Clarifies that broadcast notice by closed-circuit television may be made in lieu of a notice posted physically on the condominium property.

- Clarifies that the board must main a copy of a board member's post election certification for at least five years or the duration of the board member's tenure, whichever is longer;
- Revises the hurricane protection provisions to reference code-compliant doors, impact glass, code-compliant windows and doors, and other types of code-compliant hurricane protection and clarifies the conditions for receiving credit for the prior installation of hurricane protection;
- Extends from seven years to ten the period for completion of all phases of a phase condominium;
- Provides for the creation of a secondary condominium within a primary condominium;
- Permit officers or full-time employees of the condominium ombudsman's office to engage in another profession or any other business that is not directly or indirectly related, or conflicts with, his or her work in the ombudsman's office; and
- Extends the period to be classified as a bulk buyer or bulk assignee from July 1, 2012, to July 1, 2015.

Regarding cooperative associations, the bill provides meetings of the board held for the purpose of discussing personnel matters are not subject to the open meetings requirement. It also expands the types of official records that are not accessible to members of the association, including specified personal identifying information. It also requires newly elected or appointed members of the cooperative board to provide a post-election certification that they have read the governing documents of the association, or alternatively, to submit a certification showing the satisfactory completion of the educational curriculum within one year before the election or 90 days after the election or appointment.

Regarding homeowners' associations, the bill includes the personnel records of the management company among the records that are not accessible to the association's members.

Regarding cooperative and homeowners' associations, the bill provides a process for amending association documents without the approval of all mortgagees.

Regarding condominium, cooperative, and homeowners' associations, the bill:

- Requires that any challenge to the election process must be commenced within 60 days after the election results are announced;
- Prohibits election recalls when there are less than 60 days before the next election;
- Unit owners and homeowners are jointly and severally liable with the previous owner for not only all unpaid assessments, but also late fees, interest, costs, and reasonable attorney fees incurred by the association in an attempt to collect all funds that came due up to the time of transfer of title; and
- Provides that the suspension of an owner's rights does not apply to limited common elements that are intended to be used only by that owner, common elements needed to access the unit or home, utility services to the unit or home, parking spaces, or elevators, and that suspended interests are not needed for establishing a quorum, conducting an election, or to obtaining member approval.

The bill provides an effective date of July 1, 2012.

This bill substantially amends the following sections of the Florida Statutes: 399.02, 468.433, 718.112, 718.113, 718.115, 718.116, 718.303, 718.403, 718.5011, 718.707, 719.104, 719.1055, 719.106, 719.303, 720.303, 720.305, 720.306, and 720.3085. The bill creates section 718.406, Florida Statutes.

II. Present Situation:

Elevator Regulation

Chapter 399, F.S., which may be cited as the “Elevator Safety Act,”¹ establishes minimum standards for elevator safety. The Bureau of Elevator Safety (bureau) of the Division of Hotels and Restaurants (division) within the Department of Business and Professional Regulation (department) is the agency charged with enforcing the provisions of ch. 399, F.S. The department has rulemaking authority to enforce the provisions of ch. 399, F.S.² The Elevator Safety and Technical Advisory Council (advisory council) within the department provides technical assistance to the division.³ It makes recommendations regarding the rules for the operation, maintenance, servicing, construction, alteration, installation, and inspection of vertical conveyances.

The term “elevator” includes a wide variety of mechanical devices, including escalators, dumbwaiters, moving walks, inclined stairway lifts, and inclined or vertical wheelchair lifts.⁴ As of August 1, 2011, there were 47,331 licensed elevators in the state.⁵

Section 399.02(1), F.S., requires the Elevator Safety Code to be the same as or similar to the code established by the American Society of Mechanical Engineers (ASME).⁶ This ASME codes provide the minimum model standards for the installation, operation, and maintenance of elevators. The ASME codes are meant to be adopted by the state and local agencies with jurisdiction over elevator safety. Standard ASME A17 serves as the basis for the Florida Elevator Safety Act and Florida Elevator Safety Code.

The elevator safety code establishes minimum requirements that provide a reasonable degree of safety for the general public and the safe operation of conveyances. For example:

- ASME A17.1 (2004), provides requirements related to the installation, alteration, maintenance, repair, inspections, and testing to ensure the minimum safety requirements for *new and existing elevators*.

¹ See s. 399.001, F.S.

² See s. 399.10, F.S.

³ See s. 399.1061, F.S. The Elevator Safety and Technical Advisory Council consists of eight members appointed by the secretary of the department who meet the following criteria: one representative from a major elevator manufacturing company or its authorized representative; one representative from an elevator servicing company; one representative from a building design profession; one representative of the general public; one representative of a local government in this state; one representative of a building owner or manager; one representative of labor involved in the installation, maintenance, and repair of elevators; and one representative who is a certified elevator inspector from a private inspection service.

⁴ Section 399.01(6), F.S.

⁵ See *Annual Report, Fiscal Year 2010-2011*, Division of Hotels and Restaurants, Department of Business and Professional Regulation. A copy is available at: http://www.myfloridalicense.com/dbpr/hr/reports/annualreports/documents/ar2009_10.pdf (Last visited March 1, 2011). (Last visited January 5, 2012).

⁶ The ASME standards specified in s. 399.02(1), F.S., are ASME A17.1, A17.3, and A18.1.

- ASME A17.2 (2004), provides a guide for the inspection of elevators, escalators, and moving walks.⁷
- ASME A17.3 (1996) is a code for existing elevators to ensure rider safety. The code provision specifically states that it is intended to guide *retroactive requirements for existing elevators*.

The elevator safety code requires that any alteration, relocation or reclassification of an existing elevator, also be in compliance with the edition of the Florida Building Code that is in effect at the time of receipt of the construction permit application to alter, relocate, or change classification.⁸ Specifically ASME A17.3, requires owners of existing elevators to retrofit elevators to comply with revisions or updates to the code.

For existing elevators in condominiums or multi-family dwellings, including those that are a part of a licensed continuing care facility licensed under ch. 651, F.S., or a retirement community with apartments, s. 399.02(9), F.S., prohibits the enforcement of the Phase II Firefighters' Service requirements, as amended into ASME A17.1 and A17.3. The Phase II Firefighter's Service requirements permit the operation and exclusive control of an elevator by firefighters for evacuating the physically disabled in occupied buildings and for moving firefighters and equipment during an emergency.⁹ The Phase II Firefighters' Service requirements cannot be enforced until July 1, 2015, or until the elevator is replaced or requires major modification before July 1, 2015. This subsection does not restrict the elevator owner's ability to apply for a variance from the Phase II Firefighters' Service or the division's ability to issue variances. This subsection requires the division to adopt rules to administer the exemption.

According to the department, the Division of Hotels and Restaurants is in the rulemaking process to define the term "major modification."

Community Association Management

Community association managers are regulated and licensed pursuant to part VIII of ch. 468, F.S. To be licensed, a community association manager must satisfactorily complete an examination for licensure. Per s. 455.229(1), F.S., the information supplied on the application for a community association manager's license is public information. According to the department, most applicants supply their home address as contact information for the department.¹⁰

Condominiums

A condominium is a "form of ownership of real property created pursuant to [ch. 718, F.S.,] which is comprised entirely of units that may be owned by one or more persons, and in which

⁷ ASME A17.2 (2004). The bureau has adopted and incorporated by reference in rule 61C-5.001(1)(b), F.A.C.

⁸ Rule 9B-3.047, F.A.C., which incorporates the Florida Building Code, including ASME A17.1 and A17.3,⁸ into the Elevator Safety Code, and requires that existing elevators be maintained according to the current safety standards in the Florida Building Code and the Florida Elevator Safety Code.

⁹ Rule 3.11.3, A.S.M.E. A17.3 (1996 edition). On October 1, 2005, ASME A17.3 (1996) was first adopted in the 2004 Florida Building Code as the code for the inspection and maintenance of existing elevators.⁹ On April 2, 2008, the bureau adopted the ASME elevator standards that were incorporated in ch. 30, Florida Building Code.

¹⁰ *Bill Analysis for SB 680*, Office of Legislative Affairs, Department of Business and Professional Regulation, October 17, 2011.

there is, appurtenant to each unit, an undivided share in common elements.”¹¹ A condominium is created by recording a declaration of condominium in the public records of the county where the condominium is located.¹² A declaration is like a constitution in that it:

strictly governs the relationships among condominium unit owners and the condominium association. Under the declaration, the Board of the condominium association has broad authority to enact rules for the benefit of the community.¹³

A declaration may include covenants and restrictions concerning the use, occupancy, and transfer of the units permitted by law with reference to real property.¹⁴ A declaration of condominium may be amended as provided in the declaration. If the declaration does not provide a method for amendment, it may generally be amended as to any matter by a vote of not less than the owners of two-thirds of the units.¹⁵ Condominiums are administered by a board of directors referred to as a “board of administration.”¹⁶

Division of Florida Condominiums, Timeshares, and Mobile Homes

Condominiums are regulated by the Division of Florida Condominiums, Timeshares, and Mobile Homes (division) within the Department of Business and Professional Regulation (department) in accordance with ch. 718, F.S.

The division is afforded complete jurisdiction to investigate complaints and enforce compliance with ch. 718, F.S., with respect to associations that are still under developer control.¹⁷ The division also has the authority to investigate complaints against developers involving improper turnover or failure to turnover, pursuant to s. 718.301, F.S. After control of the condominium is transferred from the developer to the unit owners, the division’s jurisdiction is limited to investigating complaints related to financial issues, elections, and unit owner access to association records pursuant to s. 718.111(12), F.S.

As part of the division’s authority to investigate complaints, s. 718.501(1), F.S., provides the division with the power to subpoena witnesses, take sworn statements from witnesses, issue cease and desist orders, and impose civil penalties (fines) against developers and associations.

Post-Election Certification of Condominium Board Members

Association bylaws requirements are outlined in s. 718.112, F.S. Section 718.112(2)(d)3.b., F.S., outlines a post-election certification requirement for newly elected board members. Pursuant to this section, within 90 days of being elected or appointed, a new board member must certify that he or she:

¹¹ Section 718.103(11), F.S.

¹² Section 718.104(2), F.S.

¹³ *Neuman v. Grandview at Emerald Hills*, 861 So. 2d 494, 496-97 (Fla. 4th DCA 2003) (internal citations omitted).

¹⁴ Section 718.104(5), F.S.

¹⁵ Section 718.110(1)(a), F.S. *But see*, exceptions to the subject matter and procedure for the amendment of a declaration of condominium in s. 718.110(4) and (8), F.S.

¹⁶ Section 718.103(4), F.S.

¹⁷ Section 718.501(1), F.S.

- Has read the declaration of condominium for all condominiums operated by the association and the association's articles of incorporation, bylaws, and current written policies;
- Will work to uphold such documents and policies to the best of his or her ability; and
- Will faithfully discharge his or her fiduciary responsibility to the association's members.

As an alternative to a written certification, the newly elected or appointed director may submit a certificate of satisfactory completion of the educational curriculum within one year before the election or 90 days after the election or appointment.¹⁸ The curriculum must be administered by a condominium education provider approved by the division.¹⁹ A certification is valid and does not have to be resubmitted as long as the director continuously serves on the board.

A board member is suspended from service on the board until he or she files the written certification or submits a certificate of completion of the educational curriculum. If a suspension occurs, the board may temporarily fill the vacancy during the period of suspension. The secretary of the association must keep the written certification or educational certificate for inspection by the members for five years after a director's election or appointment. The validity of any action by the condominium board is not affected by the association's failure to have the certification on file.

Condominium, Cooperative, and Homeowners' Associations-Voting Interests

For condominium associations, s. 718.103(30), F.S, defines the term "voting interests" to mean:

the voting rights distributed to the association members pursuant to s. 718.104(4)(j). In a multicondominium association, the voting interests of the association are the voting rights distributed to the unit owners in all condominiums operated by the association. On matters related to a specific condominium in a multicondominium association, the voting interests of the condominium are the voting rights distributed to the unit owners in that condominium.

For cooperative associations, s. 719.103(28), F.S., defines the term "voting interests" to mean "the voting rights distributed to the association members as provided for in the articles of incorporation." For homeowners' association, the term "voting interests" is defined in s. 720.301(13), as "the voting rights distributed to the members of the homeowners' association, pursuant to the governing documents."

Condominium, Cooperative, and Homeowners' Associations-Recall of Board Members

Section 718.112(2)(j), F.S., outlines the procedure for the recall of board members. Any member of the board may be recalled and removed from office by a majority of all of the voting interests. If a recall is approved by a majority of all voting interests at a meeting or by an agreement in writing, the board must notice and hold a board meeting within 5 business days in order to either

¹⁸ The department's Internet site provides a listing of approved educational providers. See Division of Florida Condominiums, Timeshares, and Mobile Homes, *Approved Education Providers*, located at <http://www.myfloridalicense.com/dbpr/lsc/condominiums/ApprovedEducationProviders.html> (Last visited January 23, 2012).

¹⁹ Section 718.112(2)(d)3.b., F.S.

certify the recall or not. If the board fails to duly notice and hold a board meeting within 5 business days, the recall will be deemed effective. Recall disputes are subject to arbitration by the division under s. 718.1255, F.S., which relates to the arbitration and mediation of disputes between condominium associations and members.

Comparable provisions for the recall of the board members of cooperative associations are provided in s. 719.106(1)(g), F.S., and board members of homeowners' associations in s. 720.303(10), F.S.

Condominiums-Hurricane Protection

Section 718.113(5), F.S., specifies the condominiums' powers and duties in regards to the installation and maintenance of hurricane protection. A condominium association must adopt hurricane shutter specifications for each building within each condominium operated by the association. The board may, subject to approval by a majority of the voting interests, install hurricane shutters, impact glass, code-compliant windows, or other types of hurricane protection. The association is responsible for the maintenance, repair, and replacement of other hurricane protection for the property if the association is responsible the maintenance of such property under the declaration of condominium. The association may operate the hurricane shutters without the permission of the unit owners only if such operation is necessary to protect the association and condominium property.

Section 718.115(1)(e), F.S., provides that the installation, replacement, operation, repair, and maintenance of hurricane shutter and other hurricane protection are a common expense, unless otherwise specified in the declaration of condominium. Unit owners who previously installed their own hurricane protection are entitled to a credit equal to the pro rata portion of the assessed installation cost assigned to each unit and for the pro rate share of expenses for hurricane protection installed on common elements and association property.

Condominium – Assessments and Foreclosures

Current law defines an "assessment" as the "share of the funds which are required for the payment of common expenses, which from time to time is assessed against the unit owner."²⁰

"Special assessment" is defined to mean "any assessment levied against a unit owner other than the assessment required by a budget adopted annually."²¹

A unit owner is jointly and severally liable with the previous owner for all unpaid assessments that come due up to the time of transfer of title.²² This liability is without prejudice to any right the owner may have to recover from the previous owner the amounts paid by the owner.²³

If a first mortgagee, (e.g., the mortgage lending institution) or its successor or assignee, acquires title to a condominium unit by foreclosure or by deed in lieu of foreclosure, the first mortgagee's liability for unpaid assessments is limited to the amount of assessments that came due during the

²⁰ Section 718.103(1), F.S.

²¹ Section 718.103(24), F.S.

²² Section 718.116(1)(a), F.S.

²³ *Id.* The term "without prejudice" means "without loss of any rights; in a way that does not harm or cancel the legal rights or privileges of a party." Black's Law Dictionary 770 (2d pocket ed. 2001).

12 months immediately preceding the acquisition of title or one percent of the original mortgage debt, whichever is less.²⁴ However, this limitation applies only if the first mortgagee joined the association as a defendant in the foreclosure action.²⁵ This gives the association the right to defend its claims for unpaid assessments in the foreclosure proceeding. A first mortgagee who acquires title to a foreclosed condominium unit is exempt from liability for all unpaid assessments if the first mortgage was recorded prior to April 1, 1992.²⁶ The successor or assignee, in respect to the first mortgagee, includes only a subsequent holder of the first mortgage.²⁷

Section 718.116(3), F.S., provides for the accrual of interest on unpaid assessments. Unpaid assessments and installments on assessments accrue interest at the rate provided in the declaration from the due date until paid. The rate may not exceed the rate allowed by law.²⁸ If no rate is specified in the declaration, the interest accrues at the rate of 18 percent per year.²⁹ The association may also charge an administrative late fee of up to the greater of \$25 or five percent of each installment of the assessment for each delinquent installment for which the payment is late.³⁰ Payments are applied first to the interest accrued, then the administrative late fee, then to any costs and attorney's fees incurred in collection, and then to the delinquent assessment.³¹

Condominium – Sanctioning Unit Owners

Section 718.303(3), F.S., provides for the assessment of fines for failure to comply with any provision of the declaration, the association's bylaws, or reasonable rules of the association by a unit owner, or a unit owner's tenant, guest, or invitee. A fine may not exceed \$100 per violation, but may be levied on each day of a continuing violation.³² A fine does not become a lien on the property. Before a fine may be imposed, notice and an opportunity for a hearing must be provided. A fine against a unit owner may not in the aggregate exceed \$1,000.

Section 718.303(3)(a), F.S., provides that the association may suspend, for a reasonable period of time, the use rights of a unit owner, or a unit owner's tenant, guest, or invitee for failure to comply with any provision of the declaration, the association bylaws, or reasonable rules of the association. This provision does not specify whether the association can suspend the right to use limited common elements intended to be used only by that unit, common elements that must be used to access the unit, utility services provided to the unit, parking spaces, or elevators.

Section 718.303(5), F.S., authorizes condominium associations to suspend a unit owner's use rights if the unit owner is delinquent for more than 90 days in the payment of a monetary obligation to the association. A suspension ends upon full payment of all obligation currently due or overdue to the association. The voting interest or consent right of a suspended unit owner may not be counted toward the total number of voting interests for any purpose, including, but are not

²⁴ Section 718.116(1)(b), F.S.

²⁵ *Id.*

²⁶ Section 718.116(1)(e), F.S.

²⁷ Section 718.116(1)(g), F.S.

²⁸ Section 687.02(2), F.S., prohibits as usurious interest rates that are higher than the equivalent of 18 percent per annum simple interest.

²⁹ Section 718.116(3), F.S.

³⁰ *Id.*

³¹ *Id.*

³² Section 718.303(3), F.S.

limited to, the number of voting interests necessary to constitute a quorum, conduct an election, or approve an action. It also provides that the notice and hearing requirement for fines in s. 718.303(3), F.S., do not apply to suspensions under this subsection.

The suspension provisions in s. 718.303, F.S., are substantially similar to the suspension provisions in the bill for cooperatives in s. 719.303, F.S., and for homeowners' associations in s. 720.305, F.S.

Phase Condominiums

Section 718.403, F.S., permits developers to develop condominiums in phases if the anticipated phases are described in detail in the original declaration of condominium or an amendment to the declaration which has been approved by all the unit owners and unit mortgagees. The time for completion of all the phases may not exceed seven years from the date of the recording of the declaration of condominium.

Condominium Ombudsman

Section 718.5011, F.S., provides for the appointment of a condominium ombudsman by the Governor. The ombudsman acts as a liaison between the division, unit owners, boards of directors, board members, community association managers, and other affected parties. The ombudsman develops policies and procedures to assist in the understand of the rights and responsibilities set forth in ch. 718, F.S., and the condominium documents governing their respective association. The ombudsman also monitors and reviews procedures and disputes concerning condominium elections or meetings, and may recommend to the division whether to pursue enforcement action where there is reasonable cause to believe that election misconduct has occurred. The ombudsman may also make recommendations to the division for changes in rules and procedures for the filing, investigation, and resolution of complaints filed by unit owners, associations, and managers. The ombudsman may also assist in the resolution of disputes.

Section 718.5011(2), F.S., prohibits any officer or full-time employee of the ombudsman's office cannot actively engage in any other business or profession.

Distressed Condominium Relief Act

The "Distressed Condominium Relief Act" in part VII of ch. 718, F.S., defines the extent to which successors to the developer, including the construction lender after a foreclosure and other bulk buyers and bulk assignees of condominium units, may be responsible for implied warranties.

Section 718.703(1), F.S., defines the term "bulk assignee" to mean a person who acquires more than seven condominium parcels in a single condominium as provided in s. 718.707, F.S., and receives an assignment of some or substantially all of the rights of the developer as an exhibit in the deed or as a separate instrument recorded in the public records in the county where the condominium is located.

Section 718.703(2), F.S., defines the term "bulk buyer" as a person who acquires more than seven condominium parcels in a single condominium but who does not receive an assignment of developer rights other than the rights specified in this section.

Section 718.704, F.S., provides for the assignment and assumption of developer rights. It provides that a bulk assignee assumes all the duties and responsibilities of the developer, and specifies the matter for which the bulk assignee is not liable.

Section 718.707, F.S., specifies a time limit for classification as a bulk assignee or bulk buyer. A person acquiring condominium parcels may not be classified as a bulk assignee or a bulk buyer unless the parcels were acquired prior to July 1, 2012. The date of acquisition is based on the date that the deed or other instrument of conveyance is recorded.

Cooperative Associations

Section 719.103(12), F.S., defines a “cooperative” to mean:

that form of ownership of real property wherein legal title is vested in a corporation or other entity and the beneficial use is evidenced by an ownership interest in the association and a lease or other muniment of title or possession granted by the association as the owner of all the cooperative property.

A cooperative differs from a condominium because, in a cooperative, no unit is individually owned. Instead, a cooperative unit’s occupants receive an exclusive right to occupy the unit. The cooperative holds the legal title to the unit and all common elements. The cooperative association may assess costs for the maintenance of common expenses.³³

Cooperatives – Sanctioning Unit Owners

Section 719.303(3), F.S., permits cooperative associations to levy reasonable fines against unit owners for failure to comply with the cooperative documents or rules of the association. Fines may not exceed \$100 per violation and may not become a lien against the unit. The fine may be levied on the basis of each day of a continuing violation. A fine may not exceed \$1,000 in the aggregate.

Homeowners’ Associations

Florida law provides statutory recognition to corporations that operate residential communities in this state and procedures for operating homeowners’ associations, and protects the rights of association members without unduly impairing the ability of such associations to perform their functions.³⁴

A “homeowners’ association” is defined as a “Florida corporation responsible for the operation of a community or a mobile home subdivision in which the voting membership is made up of parcel owners or their agents, or a combination thereof, in which membership is a mandatory condition of parcel ownership, and which is authorized to impose assessments that, if unpaid, may become a lien on the parcel.”³⁵ Unless specifically stated to the contrary, homeowners’ associations are also governed by ch. 617, F.S., relating to not-for-profit corporations.³⁶

³³ See ss. 719.106(1)(g) and 719.107, F.S.

³⁴ See s. 720.302(1), F.S.

³⁵ Section 720.301(9), F.S.

³⁶ Section 720.302(5), F.S.

Homeowners' associations are administered by a board of directors whose members are elected.³⁷ The powers and duties of homeowners' associations include the powers and duties provided in ch. 720, F.S., and in the governing documents of the association, which include recorded declaration of covenants, bylaws, articles of incorporation, and duly adopted amendments to these documents.³⁸ The officers and members of a homeowners' association have a fiduciary relationship to the members who are served by the association.³⁹

III. Effect of Proposed Changes:

Elevators

The bill amends s. 399.02(9), F.S., to extend the enforcement exemption by deleting the July 1, 2015, end date for the Phase II Firefighters' Service exemption. The bill maintains the requirement that elevators must comply with Phase II Firefighters' Service when they are replaced or the elevator requires major modification.

Community Association Managers-Licensure laws Examination

The bill amends s. 468.433(5), F.S., relating to the licensure by examination of community association managers, to provide that the department may not publish a licensee's personal home address unless it is for the purpose of satisfying a public records request.

Condominium –Meetings of Unit Owners

The bill amends s. 718.112(2)(d)2., F.S., to include the articles of incorporation, in addition to the condominium association's bylaws, as the governing document that may provide for staggered two-year terms for association board members. It also deletes the additional requirement that the majority of the voting interests would also have to approve the staggered terms by a majority of the total voting interests.

The bill amends s. 718.112(2)(d)3., F.S., to clarify that broadcast notice on a closed-circuit television system may be made in lieu of a notice posted physically on the condominium property.

Condominiums-Elections

The bill amends s. 718.112(2)(d)4., F.S., to exempt associations that govern timeshare condominiums from the prohibition against the use of proxies to elect members of the board.

The bill amends s. 718.112(2)(d)4.b., F.S., relating to the post-election certification of condominium board members, to clarify the board must maintain a copy of the written certification for inspection by members for 5 years or the duration of the board member's tenure, whichever is longer. The bill provides a comparable requirement for cooperative associations in s. 719.106(1)(d)1.b., F.S., and homeowners' associations in s. 720.306(9)(d), F.S.

The bill creates s. 718.112(2)(d)4.c., F.S., to require that any challenge to the election process must be commenced within 60 days after the election results are announced. This conforms with

³⁷ See ss. 720.303 and 720.307, F.S.

³⁸ See ss. 720.301 and 720.303, F.S.

³⁹ Section 720.303(1), F.S.

the bill's amendment to s. 719.106(1)(d)1.b., F.S. relating to challenges to the election's process for cooperative associations.

The bill creates s. 718.112(2)(j)5., F.S., which relates to the recall of board members, to provide that, if the board fails to notice and hold the required meeting to certify the recall or fails to file the required recall petition, the unit owner representative⁴⁰ may file a petition pursuant to s. 718.1255 challenging the board's failure to act. The bill requires that the petition must be filed within 60 days after the expiration of the applicable 5-full-business-day period.⁴¹ The division's review of a petition would be limited to the sufficiency of service on the board and the facial validity of the written agreement or ballots filed.

The bill creates s. 718.112(2)(j)7. and 8., F.S., to revise the procedure for recall disputes. Section 718.112(2)(j)7., F.S., provides that a board member who has been recalled may file a petition pursuant to s. 718.1255, F.S., to challenge the validity of a recall. The petition must be filed within 60 days after the recall is deemed certified⁴² and the association and the unit owner representative must be named as the respondents.

Section 718.112(2)(j)8., F.S., provides that the division may not accept a recall petition for filing when there are 60 or fewer days until the next scheduled reelection of the board member sought to be recalled or when 60 or fewer days have elapsed since the election of the board member sought to be recalled.

The amendment to s. 718.112(2)(j), F.S., is comparable to bill's board member recall limitations provided in s. 719.106(1)(f), F.S., for cooperatives and in s. 720.303(10)(g), F.S., for homeowners' associations.

Condominiums- Hurricane Protection

The bill amends the hurricane protection provisions in s. 718.113(5), F.S., to reference code-compliant doors, impact glass, code-compliant windows and doors, and other types of code-compliant hurricane protection.

The bill amends s. 718.115(1)(e), F.S., relating to the common expenses for hurricane protection, to reference impact glass, code-compliant windows and doors, and other types of code-compliant hurricane protection.

It also amends s. 718.115(1)(e), F.S., to clarify that the credit would be received when the shutters are installed. It provides that unit owners who previously installed impact glass or code-compliant windows or doors that comply with the current applicable building code are entitled to receive a credit when that hurricane protection is installed. It provides that unit owners who have installed other types of code-compliant hurricane protection that comply with the current

⁴⁰ Rule 61B-23.0027(3)(b)1., F.A.C., requires that a unit owner representative must be elected or appointed by the presiding officer at a recall meeting of the board "to receive pleadings (e.g., copies of a petition for recall arbitration; motions), notices, or other papers on behalf of the recalling unit owners in the event the board disputes the recall."

⁴¹ The board has 5 business days to certify the recall or file a petition challenging the recall. If the board fails to act within the 5 days, the recall is deemed effective.

⁴² *Id.*.

applicable building code are also entitled to receive a credit when the same type of other code-compliant hurricane protection that was installed.

The bill deletes the reference to laminated glass architecturally designed to function as hurricane protection.

Condominiums-Assessments

The bill amends s. 718.116(1)(a), F.S., to provide that a unit owner is jointly and severally liable with the previous owner not only for all unpaid assessments, but also late fees, interest, costs, and reasonable attorney fees incurred by the association in an attempt to collect all funds that came due up to the time of transfer of title. The bill provides a comparable provision for cooperatives in s. 719.108(1), F.S., and homeowners' associations in s. 720.3085(2)(b), F.S.

Condominiums-Sanctioning Owners and Occupants

The bill amends s. 718.303(3), F.S., to provide that unit owner suspension of rights does not apply to limited common elements that are intended to be used only by that unit, common elements needed to access the unit, utility services to the unit, parking spaces, or elevators. It amends s. 718.303(5), F.S., to provide that the number needed to establish a quorum, conduct an election, or to obtain member approval is reduced by the number of suspended voting or consent rights.

The bill provides similar provisions for the suspension of rights in ss. 719.303(3) and (5), F.S., for cooperative associations and s. 720.305(2)(a) and (5) for homeowners' associations.

Phase Condominiums

The bill amends s. 718.403(1), F.S., to permit condominium to extend the seven year period for completion of all phases of a phase condominium. The extension must be by an amendment to the declaration approved by the unit owners. An amendment to extend the seven year period may be submitted for approval only during the last three years of the 7-year period. The amendment must describe the time period in which all phases will be completed, but such period may not exceed 10 years from the date of the recording of the original declaration of condominium. An amendment to extend the 7-year period is not subject to the limitations in s. 718.110(4), F.S.⁴³

Secondary Condominiums

The bill creates s. 718.406, F.S., to provide for the creation of condominiums within a condominium parcel. This provision addresses the relationship between the primary condominium and the secondary condominium units.

Section 718.406(3), F.S., provides that, unless the declaration of the primary condominium provides for the creation of secondary condominium on a condominium parcel, a secondary

⁴³ In pertinent part, s. 718.110(4), F.S., prohibits amendments that materially alter or modify the appurtenances to the unit, or change the proportion or percentage by which unit owners share the common expenses own the common surplus, and which provides that the acquisition of property by the association and material alterations or substantial additions to such property or the common elements do not constitute a material alteration or modification of the appurtenances to the units. In current law, s. 718.110(4), F.S., also provides that a declaration recorded after April 1, 1992, may not require the approval of less than a majority of total voting interests of the condominium for amendments under this subsection, unless otherwise required by a governmental entity.

condominium may not be created unless the record owners of a majority of the condominium parcels execute an amendment to the primary declaration.

Section 718.406(4), F.S., provides that, where the consent of the primary condominium association is required to create a secondary condominium, only the approval of a majority of the board of directors of the primary condominium association shall be required unless the primary condominium declaration provides otherwise. It provides that only the lienholders of the subdivided parcel upon which the secondary condominium will be created, the owner of that parcel, and the board of the primary condominium shall have the right to approve the creation of the secondary condominium and the contents of the secondary condominium declaration. It also provides that the recording of the secondary condominium declaration is only effective if it evidences the approval of the lienholders of the subdivided parcel, the owner of that parcel, and the board of the primary condominium.

Section 718.406(5), F.S., provides that a unit owner in a secondary condominium is governed by both the declaration of condominium for the primary condominium and the declaration of the second condominium.

Section 718.406(6), F.S., provides that the primary condominium may be responsible for the insurance of both the primary and secondary condominium if the primary condominium declaration permits. Section 718.406(7), F.S., provides that the board of directors of the primary condominium association may adopt hurricane shutter specifications for both the primary and secondary condominium.

Section 718.406(8), F.S., provides that an owner or mortgagee of a unit in a secondary condominium must register with the primary condominium to receive notice of a foreclosure action against the secondary condominium. If registered, the primary condominium association must give at least 30 days notice before instituting a foreclosure action. It provides for the payment by the registered owner of the unit of their proportional share of the amount of delinquent assessments attributable to the unit. The primary association must promptly modify or release the record of lien on the primary condominium so that the lien no longer encumbers the secondary condominium unit. Alternatively, the registered owner may pay all delinquent assessments and seek reimbursement of the amounts paid from the secondary association.

Section 718.406(9), F.S., provides that the primary declaration controls any conflict between the primary and secondary condominium declarations. Section 718.406(10), F.S., provides that common expenses due to the primary condominium from the secondary condominium are a common expense of the secondary condominium.

Condominium Ombudsman

The bill amends s. 718.5011(2), FS, to permit officers or full-time employees of the ombudsman's office to engage in another profession or any other business that is not directly or indirectly related, to or conflicts with, his or her work in the ombudsman's office.

Distressed Condominium Relief Act

The bill amends s. 718.707, FS, to extend the period to be classified as a bulk buyer or bulk assignee from July 1, 2012, to July 1, 2015.

Cooperative-Official Records

The bill amends s. 719.104(2)(c), F.S., relating to the official records of the cooperative association to add the following information to the list items that are not accessible to members of the association:

- Records protected by the lawyer-client privilege as provided in s. 90.502, F.S. and work product privilege;
- Personnel records of association employees, such as disciplinary, payroll, health, and insurance records. However, the unit owners would have access to written employment agreements with an association employee or budgetary or financial records that indicate the compensation paid to an association employee;
- Social security numbers, driver license numbers, credit card numbers, email addresses, telephone numbers, emergency contact information, and any addresses of a unit owner that are not provided to fulfill the association's notice requirements, and other identifying personal information except for the person's name, unit designation, mailing address, and property address;
- Electronic security measures used to safeguard data, including passwords; and
- Software and operating systems used by the association which allow manipulation of data.

Amendment of Cooperative Documents

The bill creates s. 719.1055, F.S., to provide the legislative findings that procurement of consent or joinder to amendments that do not materially affect the rights or interests of mortgagees is unreasonable and is a substantial burden on cooperative unit owners and associations. The bill provides that there is a compelling state interest in enabling cooperative association members to approve amendments. This provision would facilitate attempts by cooperative shareholders to amend their documents without the approval of all mortgagees when a change to the association documents doesn't adversely affect the mortgagee's rights or interests.

The bill limits the enforceability of any mortgage or any provision in declarations, articles of incorporation, or bylaws of a condominium association recorded on or after July 1, 2012, or amendments thereto, that require the consent or joinder of some or all mortgagees of units or any other portion of the cooperative property for those mortgages. Any such provisions or amendments recorded prior to July 1, 2012, would remain enforceable. As to provisions or amendments created after July 1, 2012, the bill provides that provisions requiring consent or joinder are enforceable only as to provisions that adversely affect the priority of the mortgagee's lien or the mortgagee's right to foreclose its lien or that otherwise materially affect the rights and interests of the mortgagees.

The bill provides a process for obtaining addresses of mortgagees and contacting them to obtain their consent or joinder. The association may rely upon the public records to identify the holders or outstanding mortgages. It may also rely on the address in the original recorded mortgage document unless there is a different address in the in a recorded assignment or modification of the mortgage.

Failure of any mortgagee to respond to a request for the consent or joinder to a proposed amendment within 60 days after the date that a request is sent to the mortgagee is deemed to have consented to the amendment.

For any amendments that require mortgage consent after July 1, 2012, the consent must be evidenced by an affidavit of the association recorded in the public records of the county in which the declaration is recorded.

An amendment may be voidable by any mortgagee who was entitled to notice and an opportunity to consent. An action to void an amendment is subject to a 5 year statute of limitations from the date of discovery or the date of recordation. This provision applies to all mortgages, regardless of the date of recordation of the mortgage.

There is a comparable provision for the amendment of condominium documents in s. 718.110(11), F.S. The bill provides a similar provision for homeowners' associations in s. 720.306(1)(d), F.S.

Cooperatives-Meetings

The bill amends s. 719.106(1)(c), F.S., to provide that the requirement of open meeting of the board does not apply to meetings held for the purpose of discussing personnel matters.

Cooperatives-Elections Process Challenges

The bill amends s. 719.106(1)(d)1.b., F.S., to require that any challenge to the election process must be commenced within 60 days after the election results are announced.

This provision is similar to the bill's amendment to s. 718.112(2)(d)4.c., F.S., relating to challenges to the election's process for condominium associations and s. 720.306(9)(a), F.S., for homeowners' associations.

Post-Election Certification of Cooperative Board Members

The bill creates s. 719.106(1)(d)1.b., F.S., to provide a post-election certification requirement for newly elected board members. Pursuant to this section, within 90 days of being elected or appointed, a new board member must certify that he or she:

- Has read the association's bylaws, articles of incorporation, proprietary lease, and current written policies;
- Will work to uphold such documents and policies to the best of his or her ability; and
- Will faithfully discharge his or her fiduciary responsibility to the association's members.

As an alternative to a written certification, the newly elected or appointed director may submit a certificate of satisfactory completion of the educational curriculum within one year before the election or 90 days after the election or appointment. The curriculum must be administered by a condominium education provider approved by the division.⁴⁴ A certification is valid and does not have to be resubmitted as long as the director continuously serves on the board.

⁴⁴ Section 718.112(2)(d)3.b., F.S.

A board member is suspended from service on the board until he or she files the written certification or submits a certificate of completion of the educational curriculum. If a suspension occurs, the board may temporarily fill the vacancy during the period of suspension. The secretary of the association must keep the written certification or educational certificate for inspection by the members for 5 years after a director's election or appointment, or the duration of director's uninterrupted tenure, whichever is greater. The validity of any action by the condominium board is not affected by the association's failure to have the certification on file.

This provision is similar to the post-election certification requirement for condominium board members provided in s. 718.112(2)(d)4.b., F.S., as amended by this bill. The bill provides a comparable requirement for homeowners' associations in s. 720.306(9)(d), F.S.

Cooperatives-Recall Elections

The bill creates s. 719.106(1)(f), F.S., which relates to the recall of board members, to provide that, if the board fails to notice and hold the required meeting to certify the recall or fails to file the required recall petition, the unit owner representative may file a petition pursuant to s. 719.1255, F.S., challenging the board's failure to act. The bill requires that the petition must be filed within 60 days after the expiration of the applicable 5-full-business-day period. The division's review of a petition would be limited to the sufficiency of service on the board and the facial validity of the written agreement or ballots filed.

The bill creates s. 719.106(1)(f)7. and 8., F.S., to revise the procedure for recall disputes. Section 719.106(1)(f)7., F.S., is amended to provide that a board member who has been recalled may file a petition pursuant to s. 719.1255, F.S., to challenge the validity of a recall. The petition must be filed within 60 days after the recall is deemed certified and the association and the unit owner representative must be named as the respondents.

Section 719.106(1)(f)8., F.S., provides that the division may not accept a recall petition for filing when there are 60 or fewer days until the next scheduled reelection of the board member sought to be recalled or when 60 or fewer days have elapsed since the election of the board member sought to be recalled.

These provisions are similar to the bill's board member recall limitations provided in s. 718.112(2)(j), F.S., for condominiums, and in s. 720.303(10)(g), F.S., for homeowners' associations.

Cooperatives-Assessments

The bill amends s. 719.108(1), F.S., F.S., to provide that a unit owner is jointly and severally liable with the previous owner not only for all unpaid assessments, but also late fees, interest, costs, and reasonable attorney fees incurred by the association in an attempt to collect all funds that came due up to the time of transfer of title. The bill provides a comparable provision for condominium associations in s. 718.116(1)(a), F.S., and homeowners' associations in s. 720.3085(2)(b), F.S.

Cooperative-Sanctioning Owners and Occupants

The bill amends s. 719.303(3), F.S., to provide that unit owner suspension of rights does not apply to limited common elements that are intended to be used only by that unit, common

elements needed to access the unit, utility services to the unit, parking spaces, or elevators. It amends s. 719.303(5), F.S., to provide that the number needed to establish a quorum, conduct an election, or to obtain member approval is reduced by the number of suspended voting or consent rights.

The bill provides similar provisions for the suspension of rights in ss. 718.303(3) and (5), F.S., for condominium associations and ss. 720.305(2)(a) and (5), F.S., for homeowners' associations.

Homeowners' Associations-Official Records

The bill amends s. 720.303, F.S., to include the personnel records of the management company among the records that are not accessible to the association's members. Current law only references the personnel records of the association.

Homeowners' Associations-Recall Elections

The bill creates s. 720.303(10)(g), F.S., to provide that, if the board fails to notice and hold the required meeting to certify the recall or fails to file the required recall petition, the unit owner representative may file a petition pursuant to s. 718.1255, F.S., to challenge the board's failure to act. The bill requires that the petition must be filed within 60 days after the expiration of the applicable 5-full-business-day period. The division's review of a petition would be limited to the sufficiency of service on the board and the facial validity of the written agreement or ballots filed.

The bill creates ss. 720.303(10)(k) and (l), F.S., to revise the procedure for recall disputes. Section 720.303(10)(k), F.S., is amended to provide that a board member who has been recalled may file a petition pursuant to ss. 718.112(2)(j) and 718.1255, F.S., to challenge the validity of a recall. The petition must be filed within 60 days after the recall is deemed certified and the association and the unit owner representative must be named as the respondents.

Section 720.303(10)(l), F.S., provides that the division may not accept for filing a recall petition when there are 60 or fewer days until the next scheduled reelection of the board member sought to be recalled or when 60 or fewer days have elapsed since the election of the board member sought to be recalled.

These provisions are similar to the bill's board member recall limitations provided in s. 718.112(2)(j), F.S., for condominiums, and in s. 719.106(1)(f), F.S., for cooperative associations.

Homeowners' Associations-Sanctioning Owners and Occupants

The bill amends s. 720.305(2), F.S., to provide that unit owner suspension of rights does not apply to limited common elements that are intended to be used only by that unit, common elements needed to access the unit, utility services to the unit, parking spaces, or elevators. It amends s. 720.305(2)(a), F.S., to provide that the number needed to establish a quorum, conduct an election, or to obtain member approval is reduced by the number of suspended voting or consent rights.

The bill provides similar provisions for the suspension of rights in ss. 718.303(3) and (5), F.S., for condominium associations and ss. 719.303(3) and (5), F.S., for cooperative associations.

Amendment of Homeowner Association Documents

The bill creates s. 720.306(1)(d), F.S., to provide the legislative findings that procurement of consent or joinder to amendments that do not materially affect the rights or interests of mortgagees is unreasonable and is a substantial burden on homeowners' and associations. The bill provides that there is a compelling state interest in enabling homeowners' association members to approve amendments. This provision would facilitate attempts by homeowners to amend their documents without the approval of all mortgagees when a change to the association documents doesn't adversely affect the mortgagee's rights or interests.

The bill limits the enforceability of any mortgage or any provision or amendment to declarations, articles of incorporation, or bylaws of a homeowners' association recorded on or after July 1, 2012, or amendments thereto, that require the consent or joinder of some or all mortgagees of units or any other portion of the association property for those mortgages. Any such provisions or amendments recorded prior to July 1, 2012, would remain enforceable. As to provisions or amendments created after July 1, 2012, the bill provides that provisions requiring consent or joinder are enforceable only as to provisions that adversely affect the priority of the mortgagee's lien or the mortgagee's right to foreclose its lien or that otherwise materially affect the rights and interests of the mortgagees.

The bill provides a process for obtaining addresses of mortgagees and contacting them to obtain their consent or joinder. The association may rely upon the public records to identify the holders or outstanding mortgages. It may also rely on the address in the original recorded mortgage document unless there is a different address in a recorded assignment or modification of the mortgage.

Failure of any mortgagee to respond to a request for the consent or joinder to a proposed amendment within 60 days after the date that a request is sent to the mortgagee is deemed to have consented to the amendment.

For any amendments that require mortgage consent after July 1, 2012, the consent must be evidenced by an affidavit of the association recorded in the public records of the county in which the declaration is recorded.

An amendment may be voidable by any mortgagee who was entitled to notice and an opportunity to consent. An action to void an amendment is subject to a 5 year statute of limitations from the date of discovery or the date of recordation. This provision applies to all mortgages, regardless of the date of recordation of the mortgage.

There is a comparable provisions for the amendment of condominium documents in s. 718.110(11), F.S. The bill provides a similar provision for cooperative associations in s. 720.306(1)(d), F.S.

Homeowners' Associations-Elections Process Challenges

The bill amends s. 720.306(9)(a), F.S., to require that any challenge to the election process must be commenced within 60 days after the election results are announced.

This provision is similar to the bill's amendment to s. 718.112(2)(d)4.c., F.S., relating to challenges to the election's process for condominium associations and s. 719.106(1)(d)1.b., F.S., for cooperative associations.

Homeowners' Associations-Assessments

The bill amends s. 720.3085(2)(b), F.S., to provide that a home owner is jointly and severally liable with the previous owner for not only all unpaid assessments, but also late fees, interest, costs, and reasonable attorney fees incurred by the association in an attempt to collect all funds that came due up to the time of transfer of title. The bill provides a comparable provision for condominiums in s. 718.116(1)(a), F.S., and cooperatives in s. 719.108(1), F.S.

Effective Date

The bill provides an effective date of July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Regulated Industries on January 26, 2012:

The committee substitute (CS) amends s. 718.112(2)(d), F.S., to include the articles of incorporation, in addition to the condominium association's bylaws, as the governing document that may provide for staggered two-year terms for association board members. It also deletes the additional requirement that the majority of the voting interests would also have to approve the staggered terms by a majority of the total voting interests.

The CS amends s. 718.112(2)(d)4., F.S., to exempt associations that govern timeshare condominiums from the prohibition against the use of proxies to elect members of the board.

The CS amends s. 718.406, F.S., to reference the creation of secondary condominiums upon condominium parcels instead of upon condominium units.

The CS does not create s. 718.406(3), F.S., to provide that unless the declaration of condominium of the primary condominium provides otherwise, the consent of the primary condominium unit owners to the creation of the secondary condominium is not required to create a secondary condominium. Instead the CS amends this subsection to provide that, unless the declaration of the primary condominium provides for the creation of secondary condominium on a condominium parcel, a secondary condominium may not be created unless the record owners of a majority of the condominium parcels execute an amendment to the primary declaration.

The CS creates s. 718.406(4), F.S., to provide that only the lienholders of the subdivided parcel upon which the secondary condominium will be created, the owner of that parcel, and the board of the primary condominium shall have the right to approve the creation of the secondary condominium and the contents of the secondary condominium declaration. The CS includes the board of the primary condominium among those whose approval is required for the effective recording of the declaration for the secondary condominium. The CS only referenced the owner of the subdivided parcel and the lienholders.

The CS creates s. 718.406(4), F.S., to provide that the primary association must promptly modify or release the record of lien on the primary condominium so that the lien no longer encumbers the secondary condominium. The bill did not reference modification of the lien.

The CS amends s. 719.106(1)(c), F.S., to provide that the requirement of open meeting of the board does not apply to meetings held for the purpose of discussing personnel matters.

The CS amends s. 719.108(1), F.S., F.S., to provide that a unit owner is jointly and severally liable with the previous owner not only for all unpaid assessments, but also late

fees, interest, costs, and reasonable attorney fees incurred by the association in an attempt to collect all funds that came due up to the time of transfer of title.

The CS does not amend s. 720.306(9), F.S., to provide a post-election certification requirement for newly elected board members for homeowners' associations.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/27/2012	.	
	.	
	.	
	.	

The Committee on Regulated Industries (Bogdanoff) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Subsection (9) of section 399.02, Florida Statutes, is amended to read:

399.02 General requirements.—

(9) Updates to the Safety Code for Existing Elevators and Escalators, ASME A17.1 and A17.3, which require Phase II Firefighters' Service on elevators may not be enforced ~~until July 1, 2015, or~~ until the elevator is replaced or requires major modification, ~~whichever occurs first,~~ on elevators in



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13 condominiums or multifamily residential buildings, including
14 those that are part of a continuing care facility licensed under
15 chapter 651, or similar retirement community with apartments,
16 having a certificate of occupancy by the local building
17 authority that was issued before July 1, 2008. This exception
18 does not prevent an elevator owner from requesting a variance
19 from the applicable codes ~~before or after July 1, 2015~~. This
20 subsection does not prohibit the division from granting
21 variances pursuant to s. 120.542 and subsection (8). The
22 division shall adopt rules to administer this subsection.

23 Section 2. Subsection (5) is added to section 468.433,
24 Florida Statutes, to read:

25 468.433 Licensure by examination.—

26 (5) The department may not publish a licensee's personal
27 home address unless it is for the purpose of satisfying a public
28 records request.

29 Section 3. Paragraphs (d) and (j) of subsection (2) of
30 section 718.112, Florida Statutes, are amended to read:

31 718.112 Bylaws.—

32 (2) REQUIRED PROVISIONS.—The bylaws shall provide for the
33 following and, if they do not do so, shall be deemed to include
34 the following:

35 (d) *Unit owner meetings*.—

36 1. An annual meeting of the unit owners shall be held at
37 the location provided in the association bylaws and, if the
38 bylaws are silent as to the location, the meeting shall be held
39 within 45 miles of the condominium property. However, such
40 distance requirement does not apply to an association governing
41 a timeshare condominium.



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42 2. Unless the bylaws provide otherwise, a vacancy on the
43 board caused by the expiration of a director's term shall be
44 filled by electing a new board member, and the election must be
45 by secret ballot. An election is not required if the number of
46 vacancies equals or exceeds the number of candidates. For
47 purposes of this paragraph, the term "candidate" means an
48 eligible person who has timely submitted the written notice, as
49 described in sub-subparagraph 4.a., of his or her intention to
50 become a candidate. Except in a timeshare condominium, or if the
51 staggered term of a board member does not expire until a later
52 annual meeting, or if all members' terms would otherwise expire
53 but there are no candidates, the terms of all board members
54 expire at the annual meeting, and such members may stand for
55 reelection unless prohibited by the bylaws. If the bylaws or the
56 articles of incorporation permit ~~staggered~~ terms of no more than
57 2 years ~~and upon approval of a majority of the total voting~~
58 ~~interests~~, the association board members may serve 2-year
59 ~~staggered~~ terms. If the number of board members whose terms
60 expire at the annual meeting equals or exceeds the number of
61 candidates, the candidates become members of the board effective
62 upon the adjournment of the annual meeting. Unless the bylaws
63 provide otherwise, any remaining vacancies shall be filled by
64 the affirmative vote of the majority of the directors making up
65 the newly constituted board even if the directors constitute
66 less than a quorum or there is only one director. In a
67 condominium association of more than 10 units or in a
68 condominium association that does not include timeshare units or
69 timeshare interests, coowners of a unit may not serve as members
70 of the board of directors at the same time unless they own more



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71 than one unit or unless there are not enough eligible candidates
72 to fill the vacancies on the board at the time of the vacancy.
73 Any unit owner desiring to be a candidate for board membership
74 must comply with sub-subparagraph 4.a. and must be eligible to
75 serve on the board of directors at the time of the deadline for
76 submitting a notice of intent to run in order to have his or her
77 name listed as a proper candidate on the ballot or to serve on
78 the board. A person who has been suspended or removed by the
79 division under this chapter, or who is delinquent in the payment
80 of any fee, fine, or special or regular assessment as provided
81 in paragraph (n), is not eligible for board membership. A person
82 who has been convicted of any felony in this state or in a
83 United States District or Territorial Court, or who has been
84 convicted of any offense in another jurisdiction which would be
85 considered a felony if committed in this state, is not eligible
86 for board membership unless such felon's civil rights have been
87 restored for at least 5 years as of the date such person seeks
88 election to the board. The validity of an action by the board is
89 not affected if it is later determined that a board member is
90 ineligible for board membership due to having been convicted of
91 a felony.

92 3. The bylaws must provide the method of calling meetings
93 of unit owners, including annual meetings. Written notice must
94 include an agenda, must be mailed, hand delivered, or
95 electronically transmitted to each unit owner at least 14 days
96 before the annual meeting, and must be posted in a conspicuous
97 place on the condominium property at least 14 continuous days
98 before the annual meeting. Upon notice to the unit owners, the
99 board shall, by duly adopted rule, designate a specific location



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100 on the condominium property or association property where all
101 notices of unit owner meetings shall be posted. This requirement
102 does not apply if there is no condominium property or
103 association property for posting notices. In lieu of, or in
104 addition to, the physical posting of meeting notices, the
105 association may, by reasonable rule, adopt a procedure for
106 conspicuously posting and repeatedly broadcasting the notice and
107 the agenda on a closed-circuit cable television system serving
108 the condominium association. However, if broadcast notice is
109 used in lieu of a notice posted physically on the condominium
110 property, the notice and agenda must be broadcast at least four
111 times every broadcast hour of each day that a posted notice is
112 otherwise required under this section. If broadcast notice is
113 provided, the notice and agenda must be broadcast in a manner
114 and for a sufficient continuous length of time so as to allow an
115 average reader to observe the notice and read and comprehend the
116 entire content of the notice and the agenda. Unless a unit owner
117 waives in writing the right to receive notice of the annual
118 meeting, such notice must be hand delivered, mailed, or
119 electronically transmitted to each unit owner. Notice for
120 meetings and notice for all other purposes must be mailed to
121 each unit owner at the address last furnished to the association
122 by the unit owner, or hand delivered to each unit owner.
123 However, if a unit is owned by more than one person, the
124 association must provide notice to the address that the
125 developer identifies for that purpose and thereafter as one or
126 more of the owners of the unit advise the association in
127 writing, or if no address is given or the owners of the unit do
128 not agree, to the address provided on the deed of record. An



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129 officer of the association, or the manager or other person
130 providing notice of the association meeting, must provide an
131 affidavit or United States Postal Service certificate of
132 mailing, to be included in the official records of the
133 association affirming that the notice was mailed or hand
134 delivered in accordance with this provision.

135 4. The members of the board shall be elected by written
136 ballot or voting machine. Proxies may not be used in electing
137 the board in general elections or elections to fill vacancies
138 caused by recall, resignation, or otherwise, unless otherwise
139 provided in this chapter. This subparagraph does not apply to an
140 association governing a timeshare condominium.

141 a. At least 60 days before a scheduled election, the
142 association shall mail, deliver, or electronically transmit, by
143 separate association mailing or included in another association
144 mailing, delivery, or transmission, including regularly
145 published newsletters, to each unit owner entitled to a vote, a
146 first notice of the date of the election. Any unit owner or
147 other eligible person desiring to be a candidate for the board
148 must give written notice of his or her intent to be a candidate
149 to the association at least 40 days before a scheduled election.
150 Together with the written notice and agenda as set forth in
151 subparagraph 3., the association shall mail, deliver, or
152 electronically transmit a second notice of the election to all
153 unit owners entitled to vote, together with a ballot that lists
154 all candidates. Upon request of a candidate, an information
155 sheet, no larger than 8 1/2 inches by 11 inches, which must be
156 furnished by the candidate at least 35 days before the election,
157 must be included with the mailing, delivery, or transmission of



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158 the ballot, with the costs of mailing, delivery, or electronic
159 transmission and copying to be borne by the association. The
160 association is not liable for the contents of the information
161 sheets prepared by the candidates. In order to reduce costs, the
162 association may print or duplicate the information sheets on
163 both sides of the paper. The division shall by rule establish
164 voting procedures consistent with this sub-subparagraph,
165 including rules establishing procedures for giving notice by
166 electronic transmission and rules providing for the secrecy of
167 ballots. Elections shall be decided by a plurality of ballots
168 cast. There is no quorum requirement; however, at least 20
169 percent of the eligible voters must cast a ballot in order to
170 have a valid election. A unit owner may not permit any other
171 person to vote his or her ballot, and any ballots improperly
172 cast are invalid. A unit owner who violates this provision may
173 be fined by the association in accordance with s. 718.303. A
174 unit owner who needs assistance in casting the ballot for the
175 reasons stated in s. 101.051 may obtain such assistance. The
176 regular election must occur on the date of the annual meeting.
177 Notwithstanding this sub-subparagraph, an election is not
178 required unless more candidates file notices of intent to run or
179 are nominated than board vacancies exist.

180 b. Within 90 days after being elected or appointed to the
181 board, each newly elected or appointed director shall certify in
182 writing to the secretary of the association that he or she has
183 read the association's declaration of condominium, articles of
184 incorporation, bylaws, and current written policies; that he or
185 she will work to uphold such documents and policies to the best
186 of his or her ability; and that he or she will faithfully



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187 discharge his or her fiduciary responsibility to the
188 association's members. In lieu of this written certification,
189 within 90 days after being elected or appointed to the board,
190 the newly elected or appointed director may submit a certificate
191 of having satisfactorily completed the educational curriculum
192 administered by a division-approved condominium education
193 provider within 1 year before or 90 days after the date of
194 election or appointment. The written certification or
195 educational certificate is valid and does not have to be
196 resubmitted as long as the director serves on the board without
197 interruption. A director who fails to timely file the written
198 certification or educational certificate is suspended from
199 service on the board until he or she complies with this sub-
200 subparagraph. The board may temporarily fill the vacancy during
201 the period of suspension. The secretary shall cause the
202 association to retain a director's written certification or
203 educational certificate for inspection by the members for 5
204 years after a director's election or the duration of the
205 director's uninterrupted tenure, whichever is longer. Failure to
206 have such written certification or educational certificate on
207 file does not affect the validity of any board action.

208 c. Any challenge to the election process must be commenced
209 within 60 days after the election results are announced.

210 5. Any approval by unit owners called for by this chapter
211 or the applicable declaration or bylaws, including, but not
212 limited to, the approval requirement in s. 718.111(8), must be
213 made at a duly noticed meeting of unit owners and is subject to
214 all requirements of this chapter or the applicable condominium
215 documents relating to unit owner decisionmaking, except that



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216 unit owners may take action by written agreement, without
217 meetings, on matters for which action by written agreement
218 without meetings is expressly allowed by the applicable bylaws
219 or declaration or any law that provides for such action.

220 6. Unit owners may waive notice of specific meetings if
221 allowed by the applicable bylaws or declaration or any law. If
222 authorized by the bylaws, notice of meetings of the board of
223 administration, unit owner meetings, except unit owner meetings
224 called to recall board members under paragraph (j), and
225 committee meetings may be given by electronic transmission to
226 unit owners who consent to receive notice by electronic
227 transmission.

228 7. Unit owners have the right to participate in meetings of
229 unit owners with reference to all designated agenda items.
230 However, the association may adopt reasonable rules governing
231 the frequency, duration, and manner of unit owner participation.

232 8. A unit owner may tape record or videotape a meeting of
233 the unit owners subject to reasonable rules adopted by the
234 division.

235 9. Unless otherwise provided in the bylaws, any vacancy
236 occurring on the board before the expiration of a term may be
237 filled by the affirmative vote of the majority of the remaining
238 directors, even if the remaining directors constitute less than
239 a quorum, or by the sole remaining director. In the alternative,
240 a board may hold an election to fill the vacancy, in which case
241 the election procedures must conform to sub-subparagraph 4.a.
242 unless the association governs 10 units or fewer and has opted
243 out of the statutory election process, in which case the bylaws
244 of the association control. Unless otherwise provided in the



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245 bylaws, a board member appointed or elected under this section
246 shall fill the vacancy for the unexpired term of the seat being
247 filled. Filling vacancies created by recall is governed by
248 paragraph (j) and rules adopted by the division.

249 10. This chapter does not limit the use of general or
250 limited proxies, require the use of general or limited proxies,
251 or require the use of a written ballot or voting machine for any
252 agenda item or election at any meeting of a timeshare
253 condominium association.

254

255 Notwithstanding subparagraph (b)2. and sub-subparagraph 4.a., an
256 association of 10 or fewer units may, by affirmative vote of a
257 majority of the total voting interests, provide for different
258 voting and election procedures in its bylaws, which may be by a
259 proxy specifically delineating the different voting and election
260 procedures. The different voting and election procedures may
261 provide for elections to be conducted by limited or general
262 proxy.

263 (j) *Recall of board members.*—Subject to ~~the provisions of~~
264 s. 718.301, any member of the board of administration may be
265 recalled and removed from office with or without cause by the
266 vote or agreement in writing by a majority of all the voting
267 interests. A special meeting of the unit owners to recall a
268 member or members of the board of administration may be called
269 by 10 percent of the voting interests giving notice of the
270 meeting as required for a meeting of unit owners, and the notice
271 shall state the purpose of the meeting. Electronic transmission
272 may not be used as a method of giving notice of a meeting called
273 in whole or in part for this purpose.



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274 1. If the recall is approved by a majority of all voting
275 interests by a vote at a meeting, the recall will be effective
276 as provided in this paragraph herein. The board shall duly
277 notice and hold a board meeting within 5 full business days
278 after ~~of~~ the adjournment of the unit owner meeting to recall one
279 or more board members. At the meeting, the board shall either
280 certify the recall, in which case such member or members shall
281 be recalled effective immediately and shall turn over to the
282 board within 5 full business days any and all records and
283 property of the association in their possession, or shall
284 proceed as set forth in subparagraph 3.

285 2. If the proposed recall is by an agreement in writing by
286 a majority of all voting interests, the agreement in writing or
287 a copy thereof shall be served on the association by certified
288 mail or by personal service in the manner authorized by chapter
289 48 and the Florida Rules of Civil Procedure. The board of
290 administration shall duly notice and hold a meeting of the board
291 within 5 full business days after receipt of the agreement in
292 writing. At the meeting, the board shall either certify the
293 written agreement to recall a member or members of the board, in
294 which case such member or members shall be recalled effective
295 immediately and shall turn over to the board within 5 full
296 business days any and all records and property of the
297 association in their possession, or proceed as described in
298 subparagraph 3.

299 3. If the board determines not to certify the written
300 agreement to recall a member or members of the board, or does
301 not certify the recall by a vote at a meeting, the board shall,
302 within 5 full business days after the meeting, file with the



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303 division a petition for arbitration pursuant to the procedures
304 in s. 718.1255. For the purposes of this section, the unit
305 owners who voted at the meeting or who executed the agreement in
306 writing shall constitute one party under the petition for
307 arbitration. If the arbitrator certifies the recall as to any
308 member or members of the board, the recall will be effective
309 upon mailing of the final order of arbitration to the
310 association. If the association fails to comply with the order
311 of the arbitrator, the division may take action pursuant to s.
312 718.501. Any member or members so recalled shall deliver to the
313 board any and all records of the association in their possession
314 within 5 full business days after ~~of~~ the effective date of the
315 recall.

316 4. If the board fails to duly notice and hold a board
317 meeting within 5 full business days after ~~of~~ service of an
318 agreement in writing or within 5 full business days after ~~of~~ the
319 adjournment of the unit owner recall meeting, the recall shall
320 be deemed effective and the board members so recalled shall
321 immediately turn over to the board any and all records and
322 property of the association.

323 5. If the board fails to duly notice and hold the required
324 meeting or fails to file the required petition, the unit owner
325 representative may file a petition pursuant to s. 718.1255
326 challenging the board's failure to act. The petition must be
327 filed within 60 days after the expiration of the applicable 5-
328 full-business-day period. The review of a petition under this
329 subparagraph is limited to the sufficiency of service on the
330 board and the facial validity of the written agreement or
331 ballots filed.



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332 ~~6.5.~~ If a vacancy occurs on the board as a result of a
333 recall or removal and less than a majority of the board members
334 are removed, the vacancy may be filled by the affirmative vote
335 of a majority of the remaining directors, notwithstanding any
336 provision to the contrary contained in this subsection. If
337 vacancies occur on the board as a result of a recall and a
338 majority or more of the board members are removed, the vacancies
339 shall be filled in accordance with procedural rules to be
340 adopted by the division, which rules need not be consistent with
341 this subsection. The rules must provide procedures governing the
342 conduct of the recall election as well as the operation of the
343 association during the period after a recall but prior to the
344 recall election.

345 7. A board member who has been recalled may file a petition
346 pursuant to s. 718.1255 challenging the validity of a recall.
347 The petition must be filed within 60 days after the recall is
348 deemed certified. The association and the unit owner
349 representative shall be named as the respondents.

350 8. The division may not accept for filing a recall
351 petition, whether filed pursuant to subparagraph 1.,
352 subparagraph 2., subparagraph 5., or subparagraph 7. and
353 regardless of whether the recall was certified, if there are 60
354 days or less until the scheduled reelection of the board member
355 sought to be recalled or if 60 days or less have elapsed since
356 the election of the board member sought to be recalled.

357 Section 4. Subsection (5) of section 718.113, Florida
358 Statutes, is amended to read:

359 718.113 Maintenance; limitation upon improvement; display
360 of flag; hurricane shutters and protection; display of religious



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361 decorations.-

362 (5) Each board of administration shall adopt hurricane
363 shutter specifications for each building within each condominium
364 operated by the association which shall include color, style,
365 and other factors deemed relevant by the board. All
366 specifications adopted by the board must comply with the
367 applicable building code.

368 (a) The board may, subject to ~~the provisions of s.~~
369 718.3026~~7~~, and the approval of a majority of voting interests of
370 the condominium, install hurricane shutters, impact glass, ~~or~~
371 ~~either~~ code-compliant windows or doors, or other types of code-
372 compliant hurricane protection that comply ~~complies~~ with or
373 exceed ~~exceeds~~ the applicable building code. However, a vote of
374 the owners is not required if the maintenance, repair, and
375 replacement of hurricane shutters, impact glass, ~~or other~~ code-
376 compliant windows or doors, or other types of code-compliant
377 hurricane protection are the responsibility of the association
378 pursuant to the declaration of condominium. If hurricane
379 protection or laminated glass or window film architecturally
380 designed to function as hurricane protection that ~~which~~ complies
381 with or exceeds the current applicable building code has been
382 previously installed, the board may not install hurricane
383 shutters, ~~hurricane protection, or~~ impact glass, ~~or other~~ code-
384 compliant windows or doors, or other types of code-compliant
385 hurricane protection except upon approval by a majority vote of
386 the voting interests.

387 (b) The association is responsible for the maintenance,
388 repair, and replacement of the hurricane shutters, impact glass,
389 code-compliant windows or doors, or other types of code-



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390 compliant hurricane protection authorized by this subsection if
391 such property hurricane shutters or other hurricane protection
392 is the responsibility of the association pursuant to the
393 declaration of condominium. If the hurricane shutters, impact
394 glass, code-compliant windows or doors, or other types of code-
395 compliant hurricane protection ~~authorized by this subsection~~ are
396 the responsibility of the unit owners pursuant to the
397 declaration of condominium, the maintenance, repair, and
398 replacement of such items are the responsibility of the unit
399 owner.

400 (c) The board may operate shutters, impact glass, code-
401 compliant windows or doors, or other types of code-compliant
402 hurricane protection installed pursuant to this subsection
403 without permission of the unit owners only if such operation is
404 necessary to preserve and protect the condominium property and
405 association property. The installation, replacement, operation,
406 repair, and maintenance of such shutters, impact glass, code-
407 compliant windows or doors, or other types of code-compliant
408 hurricane protection in accordance with the procedures set forth
409 in this paragraph are not a material alteration to the common
410 elements or association property within the meaning of this
411 section.

412 (d) Notwithstanding any other provision in the condominium
413 documents, if approval is required by the documents, a board may
414 not refuse to approve the installation or replacement of
415 hurricane shutters, impact glass, code-compliant windows or
416 doors, or other types of code-compliant hurricane protection by
417 a unit owner conforming to the specifications adopted by the
418 board.



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419 Section 5. Paragraph (e) of subsection (1) of section
420 718.115, Florida Statutes, is amended to read:
421 718.115 Common expenses and common surplus.—
422 (1)
423 (e) The expense of installation, replacement, operation,
424 repair, and maintenance of hurricane shutters, impact glass,
425 code-compliant windows or doors, or other types of code-
426 compliant hurricane protection by the board pursuant to s.
427 718.113(5) constitutes ~~shall constitute~~ a common expense ~~as~~
428 ~~defined herein~~ and shall be collected as provided in this
429 section if the association is responsible for the maintenance,
430 repair, and replacement of the hurricane shutters, impact glass,
431 code-compliant windows or doors, or other types of code-
432 compliant hurricane protection pursuant to the declaration of
433 condominium. However, if the maintenance, repair, and
434 replacement of the hurricane shutters, impact glass, code-
435 compliant windows or doors, or other types of code-compliant
436 hurricane protection are ~~is~~ the responsibility of the unit
437 owners pursuant to the declaration of condominium, the cost of
438 the installation of the hurricane shutters, impact glass, code-
439 compliant windows or doors, or other types of code-compliant
440 hurricane protection is ~~shall~~ not ~~be~~ a common expense and, ~~but~~
441 shall be charged individually to the unit owners based on the
442 cost of installation of the hurricane shutters, impact glass,
443 code-compliant windows or doors, or other types of code-
444 compliant hurricane protection appurtenant to the unit.
445 Notwithstanding ~~the provisions of~~ s. 718.116(9), and regardless
446 of whether or not the declaration requires the association or
447 unit owners to maintain, repair, or replace hurricane shutters,



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448 impact glass, code-compliant windows or doors, or other types of
449 code-compliant hurricane protection, a unit owner who has
450 previously installed hurricane shutters in accordance with s.
451 718.113(5) which comply with the current applicable building
452 code shall receive a credit when the shutters are installed; a
453 unit owner who has previously installed impact glass or code-
454 compliant windows or doors that comply with the current
455 applicable building code shall receive a credit when the impact
456 glass or code-compliant windows or doors are installed; and a
457 unit owner who has installed, other types of code-compliant
458 hurricane protection that comply with the current applicable
459 building code shall receive a credit when the same type of other
460 code-compliant hurricane protection is installed, and the ~~or~~
461 ~~laminated glass architecturally designed to function as~~
462 ~~hurricane protection, which hurricane shutters or other~~
463 ~~hurricane protection or laminated glass comply with the current~~
464 ~~applicable building code, shall receive a credit shall be equal~~
465 to the pro rata portion of the assessed installation cost
466 assigned to each unit. However, such unit owner remains ~~shall~~
467 ~~remain~~ responsible for the pro rata share of expenses for
468 hurricane shutters, impact glass, code-compliant windows or
469 doors, or other types of code-compliant hurricane protection
470 installed on common elements and association property by the
471 board pursuant to s. 718.113(5), and remains ~~shall remain~~
472 responsible for a pro rata share of the expense of the
473 replacement, operation, repair, and maintenance of such
474 shutters, impact glass, code-compliant windows or doors, or
475 other types of code-compliant hurricane protection.

476 Section 6. Paragraphs (a) and (b) of subsection (1) of



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477 section 718.116, Florida Statutes, are amended to read:

478 718.116 Assessments; liability; lien and priority;
479 interest; collection.—

480 (1) (a) A unit owner, regardless of how the unit owner has
481 acquired his or her title has been acquired, including, but not
482 limited to, by purchase at a foreclosure sale ~~or by deed in lieu~~
483 ~~of foreclosure~~, is liable for all assessments that which come
484 due while he or she is the unit owner. Additionally, a unit
485 owner is jointly and severally liable with the previous owner
486 for all unpaid assessments, late fees, interest, costs, and
487 reasonable attorney fees incurred by the association in an
488 attempt to collect all such amounts ~~is jointly and severally~~
489 ~~liable with the previous owner for all unpaid assessments~~ that
490 came due up to the time of transfer of title. This liability is
491 without prejudice to any right the owner may have to recover
492 from the previous owner the amounts paid by the owner.

493 (b)1. The liability of a first mortgagee or its successor
494 or assignees who acquire title to a unit by foreclosure or by
495 deed in lieu of foreclosure for the unpaid assessments that
496 became due before the mortgagee's acquisition of title is
497 limited to the lesser of:

498 a. The unit's unpaid common expenses and regular periodic
499 assessments which accrued or came due during the 12 months
500 immediately preceding the acquisition of title and for which
501 payment in full has not been received by the association; or

502 b. One percent of the original mortgage debt.
503

504 The limitations on first mortgagee liability provided by
505 ~~provisions of this subparagraph paragraph~~ apply only if the



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506 first mortgagee joined the association as a defendant in the
507 foreclosure action. Joinder of the association is not required
508 if, on the date the complaint is filed, the association was
509 dissolved or did not maintain an office or agent for service of
510 process at a location that ~~which~~ was known to or reasonably
511 discoverable by the mortgagee.

512 2. An association, or its successor or assignee, that
513 acquires title to a unit through the foreclosure of its lien for
514 assessments is not liable for any unpaid assessments, late fees,
515 interest, or reasonable attorney ~~attorney's~~ fees and costs that
516 came due before the association's acquisition of title in favor
517 of any other association, as defined in s. 718.103(2) or s.
518 720.301(9), which holds a ~~superior~~ lien interest on the unit.
519 This subparagraph is intended to clarify existing law.

520 Section 7. Paragraph (a) of subsection (3) and subsection
521 (5) of section 718.303, Florida Statutes, are amended to read:

522 718.303 Obligations of owners and occupants; remedies.—

523 (3) The association may levy reasonable fines for the
524 failure of the owner of the unit or its occupant, licensee, or
525 invitee to comply with any provision of the declaration, the
526 association bylaws, or reasonable rules of the association. A
527 fine may not become a lien against a unit. A fine may be levied
528 on the basis of each day of a continuing violation, with a
529 single notice and opportunity for hearing. However, the fine may
530 not exceed \$100 per violation, or \$1,000 in the aggregate.

531 (a) An association may suspend, for a reasonable period of
532 time, the right of a unit owner, or a unit owner's tenant,
533 guest, or invitee, to use the common elements, common
534 facilities, or any other association property for failure to



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535 comply with any provision of the declaration, the association
536 bylaws, or reasonable rules of the association. This paragraph
537 does not apply to limited common elements intended to be used
538 only by that unit, common elements needed to access the unit,
539 utility services provided to the unit, parking spaces, or
540 elevators.

541 (5) An association may suspend the voting rights of a unit
542 or member due to nonpayment of any monetary obligation due ~~to~~
543 the association which is more than 90 days delinquent.
544 Notwithstanding an association's declaration, articles of
545 incorporation, or bylaws, the requirements to establish a
546 quorum, conduct an election, or obtain membership approval on
547 actions under this chapter or pursuant to the declaration,
548 articles of incorporation, or bylaws shall be reduced by the
549 number of suspended voting interests or consent rights. A voting
550 ~~interest or consent right allocated to a unit or member which~~
551 ~~has been suspended by the association may not be counted towards~~
552 ~~the total number of voting interests necessary to constitute a~~
553 ~~quorum, the number of voting interests required to conduct an~~
554 ~~election, or the number of voting interests required to approve~~
555 ~~an action under this chapter or pursuant to the declaration,~~
556 ~~articles of incorporation, or bylaws.~~ The suspension ends upon
557 full payment of all obligations currently due or overdue the
558 association. The notice and hearing requirements under
559 subsection (3) do not apply to a suspension imposed under this
560 subsection.

561 Section 8. Subsection (1) of section 718.403, Florida
562 Statutes, is amended to read:

563 718.403 Phase condominiums.—



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564 (1) Notwithstanding ~~the provisions of~~ s. 718.110, a
565 developer may develop a condominium in phases, if the original
566 declaration of condominium submitting the initial phase to
567 condominium ownership or an amendment to the declaration which
568 has been approved by all of the unit owners and unit mortgagees
569 provides for and describes in detail all anticipated phases; the
570 impact, if any, which the completion of subsequent phases would
571 have upon the initial phase; and the time period (which may not
572 exceed 7 years from the date of recording the declaration of
573 condominium, unless extended as provided in this subsection)
574 within which all phases must be added to the condominium and
575 comply with the requirements of this section and at the end of
576 which the right to add additional phases expires.

577 (a) All phases must be added to the condominium within 7
578 years after the date of recording the original declaration of
579 condominium submitting the initial phase to condominium
580 ownership unless an amendment extending the 7-year period is
581 approved by the unit owners.

582 (b) An amendment to extend the 7-year period requires the
583 approval of the owners necessary to amend the declaration of
584 condominium consistent with s. 718.110(1)(a). An extension of
585 the 7-year period may be submitted for approval only during the
586 last 3 years of the 7-year period.

587 (c) An amendment must describe the time period within which
588 all phases must be added to the condominium and such time period
589 may not exceed 10 years after the date of recording the original
590 declaration of condominium submitting the initial phase to
591 condominium ownership.

592 (d) Notwithstanding s. 718.110, an amendment extending the



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593 7-year period is not an amendment subject to s. 718.110(4).

594 Section 9. Section 718.406, Florida Statutes, is created to
595 read:

596 718.406 Condominiums created within condominium parcels.-

597 (1) Unless otherwise expressed in the declaration of
598 condominium, if a condominium is created within a condominium
599 parcel, the term:

600 (a) "Primary condominium" means any condominium that is not
601 a secondary condominium and contains one or more subdivided
602 parcels.

603 (b) "Primary condominium association" means any entity that
604 operates a primary condominium.

605 (c) "Primary condominium declaration" means the instrument
606 or instruments by which a primary condominium is created, as
607 they are from time to time amended.

608 (d) "Secondary condominium" means one or more condominium
609 parcels that have been submitted to condominium ownership
610 pursuant to a secondary condominium declaration.

611 (e) "Secondary condominium association" means any entity
612 responsible for the operation of a secondary condominium.

613 (f) "Secondary condominium declaration" means the
614 instrument or instruments by which a secondary condominium is
615 created, as they are from time to time amended.

616 (g) "Secondary unit" means a unit that is part of a
617 secondary condominium.

618 (h) "Subdivided parcel" means a condominium parcel in a
619 primary condominium that has been submitted to condominium
620 ownership pursuant to a secondary condominium declaration.

621 (2) Unless otherwise provided in the primary condominium



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622 declaration, if a condominium parcel is a subdivided parcel, the
623 secondary condominium association responsible for operating the
624 secondary condominium upon the subdivided parcel shall act on
625 behalf of all of the unit owners of secondary units in the
626 secondary condominium and shall exercise all rights of the
627 secondary unit owners in the primary condominium association,
628 other than the right of possession of the secondary unit. The
629 secondary condominium association shall designate a
630 representative who shall cast the vote of the subdivided parcel
631 in the primary condominium association and, if no person is
632 designated by the secondary condominium association to cast such
633 vote, the vote shall be cast by the president of the secondary
634 condominium association or the designee of the president.

635 (3) Unless otherwise provided in the primary condominium
636 declaration as originally recorded, no secondary condominium may
637 be created upon any condominium parcel in the primary
638 condominium, and no amendment to the primary condominium
639 declaration may permit secondary condominiums to be created upon
640 parcels in the primary condominium, unless the record owners of
641 a majority of the condominium parcels join in the execution of
642 the amendment.

643 (4) If the primary condominium declaration permits the
644 creation of a secondary condominium and a condominium parcel in
645 the primary condominium is being submitted for condominium
646 ownership to create a secondary condominium upon the primary
647 condominium parcel, the approval of the board of administration
648 of the primary condominium association is required in order to
649 create the secondary condominium on the primary condominium
650 parcel. Unless otherwise provided in the primary condominium



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651 declaration, the owners of condominium parcels in the primary
652 condominium that will not be part of the proposed secondary
653 condominium and the holders of liens upon such primary
654 condominium parcels shall not have approval rights regarding the
655 creation of the secondary condominium or the contents of the
656 secondary condominium declaration being submitted. Only the
657 primary condominium association, the owner of the subdivided
658 parcel, and the holders of liens upon the subdivided parcel
659 shall have approval rights regarding the creation of the
660 secondary condominium and the contents of the secondary
661 condominium declaration. In order for the recording of the
662 secondary condominium declaration to be effective to create the
663 secondary condominium, the board of administration of the
664 primary condominium association, the owner of the subdivided
665 parcel, and all holders of liens on the subdivided parcel must
666 execute the secondary condominium declaration for the purpose of
667 evidencing their approval.

668 (5) An owner of a secondary unit is subject to both the
669 primary condominium declaration and the secondary condominium
670 declaration.

671 (6) The primary condominium association may provide
672 insurance required by s. 718.111(11) for common elements and
673 other improvements within the secondary condominium if the
674 primary condominium declaration permits the primary condominium
675 association to provide such insurance for the benefit of the
676 condominium property included in the subdivided parcel, in lieu
677 of such insurance being provided by the secondary condominium
678 association.

679 (7) Unless otherwise provided in the primary condominium



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680 declaration, the board of administration of the primary
681 condominium association may adopt hurricane shutter or hurricane
682 protection specifications for each building within which
683 subdivided parcels are located and govern any subdivided parcels
684 in the primary condominium.

685 (8) Any unit owner of, or holder of a first mortgage on, a
686 secondary unit may register such unit owner's or mortgagee's
687 interest in the secondary unit with the primary condominium
688 association by delivering written notice to the primary
689 condominium association. Once registered, the primary
690 condominium association must provide written notice to such
691 secondary unit owner and his, her, or its first mortgagee at
692 least 30 days before instituting any foreclosure action against
693 the subdivided parcel in which the secondary unit owner and his,
694 her, or its first mortgagee hold an interest for failure of the
695 subdivided parcel owner to pay any assessments or other amounts
696 due to the primary condominium association. A foreclosure action
697 against a subdivided parcel is not effective without an
698 affidavit indicating that written notice of the foreclosure was
699 timely sent to the names and addresses of secondary unit owners
700 and first mortgagees registered with the primary condominium
701 association pursuant to this subsection. The registered
702 secondary unit owner or mortgagee has a right to pay the
703 proportionate amount of the delinquent assessment attributable
704 to the secondary unit in which the registered unit owner or
705 mortgagee holds an interest. Upon such payment, the primary
706 condominium association shall be obligated to promptly modify or
707 partially release the record of lien on the primary condominium
708 association so that the lien no longer encumbers such secondary



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709 unit. Alternatively, a registered secondary unit owner or
710 mortgagee may pay the amount of all delinquent assessments
711 attributed to the subdivided parcel and seek reimbursement for
712 all such amounts paid and all costs incurred from the secondary
713 condominium association, including, without limitation, the
714 costs of collection other than the share allocable to the
715 secondary unit on behalf of which such payment was made.

716 (9) In the event of a conflict between the primary
717 condominium declaration and the secondary condominium
718 declaration, the primary condominium declaration controls.

719 (10) All common expenses due to the primary condominium
720 association with respect to a subdivided parcel are a common
721 expense of the secondary condominium association and shall be
722 collected by the secondary condominium association from its
723 members and paid to the primary condominium association.

724 Section 10. Subsection (2) of section 718.5011, Florida
725 Statutes, is amended to read:

726 718.5011 Ombudsman; appointment; administration.—

727 (2) The Governor shall appoint the ombudsman. The ombudsman
728 must be an attorney admitted to practice before the Florida
729 Supreme Court and shall serve at the pleasure of the Governor. A
730 vacancy in the office shall be filled in the same manner as the
731 original appointment. An officer or full-time employee of the
732 ombudsman's office may not actively engage in any other business
733 or profession that directly or indirectly relates to or
734 conflicts with his or her work in the ombudsman's office; serve
735 as the representative of any political party, executive
736 committee, or other governing body of a political party; serve
737 as an executive, officer, or employee of a political party;



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738 receive remuneration for activities on behalf of any candidate
739 for public office; or engage in soliciting votes or other
740 activities on behalf of a candidate for public office. The
741 ombudsman or any employee of his or her office may not become a
742 candidate for election to public office unless he or she first
743 resigns from his or her office or employment.

744 Section 11. Section 718.707, Florida Statutes, is amended
745 to read:

746 718.707 Time limitation for classification as bulk assignee
747 or bulk buyer.—A person acquiring condominium parcels may not be
748 classified as a bulk assignee or bulk buyer unless the
749 condominium parcels were acquired on or after July 1, 2010, but
750 before July 1, 2015 ~~2012~~. The date of such acquisition shall be
751 determined by the date of recording a deed or other instrument
752 of conveyance for such parcels in the public records of the
753 county in which the condominium is located, or by the date of
754 issuing a certificate of title in a foreclosure proceeding with
755 respect to such condominium parcels.

756 Section 12. Paragraph (c) of subsection (2) of section
757 719.104, Florida Statutes, is amended to read:

758 719.104 Cooperatives; access to units; records; financial
759 reports; assessments; purchase of leases.—

760 (2) OFFICIAL RECORDS.—

761 (c) The official records of the association shall be open
762 to inspection by any association member or the authorized
763 representative of such member at all reasonable times. Failure
764 to permit inspection of the association records as provided in
765 this subsection ~~herein~~ entitles any person prevailing in an
766 enforcement action to recover reasonable attorney ~~attorney's~~



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767 fees from the person in control of the records who, directly or
768 indirectly, knowingly denies access to the records for
769 inspection. The right to inspect the records includes the right
770 to make or obtain copies, at the reasonable expense, if any, of
771 the association member. The association may adopt reasonable
772 rules regarding the frequency, time, location, notice, and
773 manner of record inspections and copying. The failure of an
774 association to provide the records within 10 working days after
775 receipt of a written request creates a rebuttable presumption
776 that the association willfully failed to comply with this
777 paragraph. A unit owner who is denied access to official records
778 is entitled to the actual damages or minimum damages for the
779 association's willful failure to comply with this paragraph. The
780 minimum damages shall be \$50 per calendar day up to 10 days, the
781 calculation to begin on the 11th day after receipt of the
782 written request. The association shall maintain an adequate
783 number of copies of the declaration, articles of incorporation,
784 bylaws, and rules, and all amendments to each of the foregoing,
785 as well as the question and answer sheet provided for in s.
786 719.504, on the cooperative property to ensure their
787 availability to unit owners and prospective purchasers, and may
788 charge its actual costs for preparing and furnishing these
789 documents to those requesting the same. Notwithstanding ~~the~~
790 ~~provisions of~~ this paragraph, the following records shall not be
791 accessible to unit owners:

792 1. Any record protected by the lawyer-client privilege as
793 provided in s. 90.502; protected by the work-product privilege,
794 including any record ~~A record that was~~ prepared by an
795 association attorney or prepared at the attorney's express



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796 direction; reflecting ~~that reflects~~ a mental impression,
797 conclusion, litigation strategy, or legal theory of the attorney
798 or the association; or ~~that was~~ prepared exclusively for civil
799 or criminal litigation or for adversarial administrative
800 proceedings or in anticipation of imminent civil or criminal
801 litigation or imminent adversarial administrative proceedings,
802 until the conclusion of the litigation or adversarial
803 administrative proceedings.

804 2. Information obtained by an association in connection
805 with the approval of the lease, sale, or other transfer of a
806 unit.

807 3. Medical records of unit owners.

808 4. Personnel records of association employees, including,
809 but not limited to, disciplinary, payroll, health, and insurance
810 records. For purposes of this subparagraph, the term "personnel
811 records" does not include written employment agreements with an
812 association employee or budgetary or financial records that
813 indicate the compensation paid to an association employee.

814 5. Social security numbers, driver license numbers, credit
815 card numbers, e-mail addresses, telephone numbers, emergency
816 contact information, any addresses of a unit owner other than
817 addresses provided to fulfill the association's notice
818 requirements, and other personal identifying information of any
819 person, excluding the person's name, unit designation, mailing
820 address, and property address.

821 6. Any electronic security measures that are used by the
822 association to safeguard data, including passwords.

823 7. The software and operating system used by the
824 association which allows manipulation of data, even if the owner



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825 owns a copy of the same software used by the association. The
826 data is part of the official records of the association.

827 Section 13. Subsection (7) is added to section 719.1055,
828 Florida Statutes, to read:

829 719.1055 Amendment of cooperative documents; alteration and
830 acquisition of property.—

831 (7) The Legislature finds that the procurement of mortgagee
832 consent to amendments that do not affect the rights or interests
833 of mortgagees is an unreasonable and substantial logistical and
834 financial burden on the unit owners and that there is a
835 compelling state interest in enabling the members of an
836 association to approve amendments to the association's
837 cooperative documents through legal means. Accordingly, and
838 notwithstanding any provision to the contrary contained in this
839 subsection:

840 (a) As to any mortgage recorded on or after July 1, 2012,
841 any provision in the association's cooperative documents that
842 requires the consent or joinder of some or all mortgagees of
843 units or any other portion of the association's common areas to
844 amend the association's cooperative documents or for any other
845 matter is enforceable only as to amendments to the association's
846 cooperative documents that adversely affect the priority of the
847 mortgagee's lien or the mortgagee's rights to foreclose its lien
848 or that otherwise materially affect the rights and interests of
849 the mortgagees.

850 (b) As to mortgages recorded before July 1, 2012, any
851 existing provisions in the association's cooperative documents
852 requiring mortgagee consent are enforceable.

853 (c) In securing consent or joinder, the association is



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854 entitled to rely upon the public records to identify the holders
855 of outstanding mortgages. The association may use the address
856 provided in the original recorded mortgage document, unless
857 there is a different address for the holder of the mortgage in a
858 recorded assignment or modification of the mortgage, which
859 recorded assignment or modification must reference the official
860 records book and page on which the original mortgage was
861 recorded. Once the association has identified the recorded
862 mortgages of record, the association shall, in writing, request
863 of each unit owner whose unit is encumbered by a mortgage of
864 record any information the owner has in his or her possession
865 regarding the name and address of the person to whom mortgage
866 payments are currently being made. Notice shall be sent to such
867 person if the address provided in the original recorded mortgage
868 document is different from the name and address of the mortgagee
869 or assignee of the mortgage as shown by the public record. The
870 association is deemed to have complied with this requirement by
871 making the written request of the unit owners required under
872 this paragraph. Any notices required to be sent to the
873 mortgagees under this paragraph shall be sent to all available
874 addresses provided to the association.

875 (d) Any notice to the mortgagees required under paragraph
876 (c) may be sent by a method that establishes proof of delivery,
877 and any mortgagee who fails to respond within 60 days after the
878 date of mailing is deemed to have consented to the amendment.

879 (e) For those amendments requiring mortgagee consent on or
880 after July 1, 2012, in the event mortgagee consent is provided
881 other than by properly recorded joinder, such consent shall be
882 evidenced by affidavit of the association recorded in the public



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883 records of the county in which the declaration is recorded.

884 (f) Any amendment adopted without the required consent of a
885 mortgagee is voidable only by a mortgagee who was entitled to
886 notice and an opportunity to consent. An action to void an
887 amendment is subject to the statute of limitations beginning 5
888 years after the date of discovery as to the amendments described
889 in paragraph (a) and 5 years after the date of recordation of
890 the certificate of amendment for all other amendments. This
891 paragraph applies to all mortgages, regardless of the date of
892 recordation of the mortgage.

893 Section 14. Paragraphs (c), (d), and (f) of subsection (1)
894 of section 719.106, Florida Statutes, are amended to read:

895 719.106 Bylaws; cooperative ownership.—

896 (1) MANDATORY PROVISIONS.—The bylaws or other cooperative
897 documents shall provide for the following, and if they do not,
898 they shall be deemed to include the following:

899 (c) *Board of administration meetings.*—Meetings of the board
900 of administration at which a quorum of the members is present
901 shall be open to all unit owners. Any unit owner may tape record
902 or videotape meetings of the board of administration. The right
903 to attend such meetings includes the right to speak at such
904 meetings with reference to all designated agenda items. The
905 division shall adopt reasonable rules governing the tape
906 recording and videotaping of the meeting. The association may
907 adopt reasonable written rules governing the frequency,
908 duration, and manner of unit owner statements. Adequate notice
909 of all meetings shall be posted in a conspicuous place upon the
910 cooperative property at least 48 continuous hours preceding the
911 meeting, except in an emergency. Any item not included on the



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912 notice may be taken up on an emergency basis by at least a
913 majority plus one of the members of the board. Such emergency
914 action shall be noticed and ratified at the next regular meeting
915 of the board. However, written notice of any meeting at which
916 nonemergency special assessments, or at which amendment to rules
917 regarding unit use, will be considered shall be mailed,
918 delivered, or electronically transmitted to the unit owners and
919 posted conspicuously on the cooperative property not less than
920 14 days prior to the meeting. Evidence of compliance with this
921 14-day notice shall be made by an affidavit executed by the
922 person providing the notice and filed among the official records
923 of the association. Upon notice to the unit owners, the board
924 shall by duly adopted rule designate a specific location on the
925 cooperative property upon which all notices of board meetings
926 shall be posted. In lieu of or in addition to the physical
927 posting of notice of any meeting of the board of administration
928 on the cooperative property, the association may, by reasonable
929 rule, adopt a procedure for conspicuously posting and repeatedly
930 broadcasting the notice and the agenda on a closed-circuit cable
931 television system serving the cooperative association. However,
932 if broadcast notice is used in lieu of a notice posted
933 physically on the cooperative property, the notice and agenda
934 must be broadcast at least four times every broadcast hour of
935 each day that a posted notice is otherwise required under this
936 section. When broadcast notice is provided, the notice and
937 agenda must be broadcast in a manner and for a sufficient
938 continuous length of time so as to allow an average reader to
939 observe the notice and read and comprehend the entire content of
940 the notice and the agenda. Notice of any meeting in which



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941 regular assessments against unit owners are to be considered for
942 any reason shall specifically contain a statement that
943 assessments will be considered and the nature of any such
944 assessments. Meetings of a committee to take final action on
945 behalf of the board or to make recommendations to the board
946 regarding the association budget are subject to the provisions
947 of this paragraph. Meetings of a committee that does not take
948 final action on behalf of the board or make recommendations to
949 the board regarding the association budget are subject to the
950 provisions of this section, unless those meetings are exempted
951 from this section by the bylaws of the association.

952 Notwithstanding any other law to the contrary, the requirement
953 that board meetings and committee meetings be open to the unit
954 owners does not apply ~~is inapplicable~~ to board or committee
955 meetings held for the purpose of discussing personnel matters or
956 meetings between the board or a committee and the association's
957 attorney, with respect to proposed or pending litigation, if
958 ~~when~~ the meeting is held for the purpose of seeking or rendering
959 legal advice.

960 (d) *Shareholder meetings.*—There shall be an annual meeting
961 of the shareholders. All members of the board of administration
962 shall be elected at the annual meeting unless the bylaws provide
963 for staggered election terms or for their election at another
964 meeting. Any unit owner desiring to be a candidate for board
965 membership must comply with subparagraph 1. The bylaws must
966 provide the method for calling meetings, including annual
967 meetings. Written notice, which must incorporate an
968 identification of agenda items, shall be given to each unit
969 owner at least 14 days before the annual meeting and posted in a



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970 conspicuous place on the cooperative property at least 14
971 continuous days preceding the annual meeting. Upon notice to the
972 unit owners, the board must by duly adopted rule designate a
973 specific location on the cooperative property upon which all
974 notice of unit owner meetings are posted. In lieu of or in
975 addition to the physical posting of the meeting notice, the
976 association may, by reasonable rule, adopt a procedure for
977 conspicuously posting and repeatedly broadcasting the notice and
978 the agenda on a closed-circuit cable television system serving
979 the cooperative association. However, if broadcast notice is
980 used in lieu of a posted notice, the notice and agenda must be
981 broadcast at least four times every broadcast hour of each day
982 that a posted notice is otherwise required under this section.
983 If broadcast notice is provided, the notice and agenda must be
984 broadcast in a manner and for a sufficient continuous length of
985 time to allow an average reader to observe the notice and read
986 and comprehend the entire content of the notice and the agenda.
987 Unless a unit owner waives in writing the right to receive
988 notice of the annual meeting, the notice of the annual meeting
989 must be sent by mail, hand delivered, or electronically
990 transmitted to each unit owner. An officer of the association
991 must provide an affidavit or United States Postal Service
992 certificate of mailing, to be included in the official records
993 of the association, affirming that notices of the association
994 meeting were mailed, hand delivered, or electronically
995 transmitted, in accordance with this provision, to each unit
996 owner at the address last furnished to the association.

997 1. The board of administration shall be elected by written
998 ballot or voting machine. A proxy may not be used in electing



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999 the board of administration in general elections or elections to
1000 fill vacancies caused by recall, resignation, or otherwise
1001 unless otherwise provided in this chapter.

1002 a. At least 60 days before a scheduled election, the
1003 association shall mail, deliver, or transmit, whether by
1004 separate association mailing, delivery, or electronic
1005 transmission or included in another association mailing,
1006 delivery, or electronic transmission, including regularly
1007 published newsletters, to each unit owner entitled to vote, a
1008 first notice of the date of the election. Any unit owner or
1009 other eligible person desiring to be a candidate for the board
1010 of administration must give written notice to the association at
1011 least 40 days before a scheduled election. Together with the
1012 written notice and agenda as set forth in this section, the
1013 association shall mail, deliver, or electronically transmit a
1014 second notice of election to all unit owners entitled to vote,
1015 together with a ballot that ~~which~~ lists all candidates. Upon
1016 request of a candidate, the association shall include an
1017 information sheet, no larger than 8 1/2 inches by 11 inches,
1018 which must be furnished by the candidate at least 35 days before
1019 the election, to be included with the mailing, delivery, or
1020 electronic transmission of the ballot, with the costs of
1021 mailing, delivery, or transmission and copying to be borne by
1022 the association. The association is not liable for the contents
1023 of the information sheets provided by the candidates. In order
1024 to reduce costs, the association may print or duplicate the
1025 information sheets on both sides of the paper. The division
1026 shall by rule establish voting procedures consistent with this
1027 subparagraph, including rules establishing procedures for giving



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1028 notice by electronic transmission and rules providing for the
1029 secrecy of ballots. Elections shall be decided by a plurality of
1030 those ballots cast. There is no quorum requirement. However, at
1031 least 20 percent of the eligible voters must cast a ballot in
1032 order to have a valid election. A unit owner may not permit any
1033 other person to vote his or her ballot, and any such ballots
1034 improperly cast are invalid. A unit owner who needs assistance
1035 in casting the ballot for the reasons stated in s. 101.051 may
1036 obtain assistance in casting the ballot. Any unit owner
1037 violating this provision may be fined by the association in
1038 accordance with s. 719.303. The regular election must occur on
1039 the date of the annual meeting. This subparagraph does not apply
1040 to timeshare cooperatives. Notwithstanding this subparagraph, an
1041 election and balloting are not required unless more candidates
1042 file a notice of intent to run or are nominated than vacancies
1043 exist on the board. Any challenge to the election process must
1044 be commenced within 60 days after the election results are
1045 announced.

1046 b. Within 90 days after being elected or appointed to the
1047 board, each new director shall certify in writing to the
1048 secretary of the association that he or she has read the
1049 association's bylaws, articles of incorporation, proprietary
1050 lease, and current written policies; that he or she will work to
1051 uphold such documents and policies to the best of his or her
1052 ability; and that he or she will faithfully discharge his or her
1053 fiduciary responsibility to the association's members. Within 90
1054 days after being elected or appointed to the board, in lieu of
1055 this written certification, the newly elected or appointed
1056 director may submit a certificate of having satisfactorily



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1057 completed the educational curriculum administered by an
1058 education provider as approved by the division pursuant to the
1059 requirements established in chapter 718 within 1 year before or
1060 90 days after the date of election or appointment. The
1061 educational certificate is valid and does not have to be
1062 resubmitted as long as the director serves on the board without
1063 interruption. A director who fails to timely file the written
1064 certification or educational certificate is suspended from
1065 service on the board until he or she complies with this sub-
1066 subparagraph. The board may temporarily fill the vacancy during
1067 the period of suspension. The secretary shall cause the
1068 association to retain a director's written certification or
1069 educational certificate for inspection by the members for 5
1070 years after a director's election or the duration of the
1071 director's uninterrupted tenure, whichever is longer. Failure to
1072 have such written certification or educational certificate on
1073 file does not affect the validity of any board action.

1074 2. Any approval by unit owners called for by this chapter,
1075 or the applicable cooperative documents, must be made at a duly
1076 noticed meeting of unit owners and is subject to this chapter or
1077 the applicable cooperative documents relating to unit owner
1078 decisionmaking, except that unit owners may take action by
1079 written agreement, without meetings, on matters for which action
1080 by written agreement without meetings is expressly allowed by
1081 the applicable cooperative documents or law which provides for
1082 the unit owner action.

1083 3. Unit owners may waive notice of specific meetings if
1084 allowed by the applicable cooperative documents or law. If
1085 authorized by the bylaws, notice of meetings of the board of



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1086 administration, shareholder meetings, except shareholder
1087 meetings called to recall board members under paragraph (f), and
1088 committee meetings may be given by electronic transmission to
1089 unit owners who consent to receive notice by electronic
1090 transmission.

1091 4. Unit owners have the right to participate in meetings of
1092 unit owners with reference to all designated agenda items.
1093 However, the association may adopt reasonable rules governing
1094 the frequency, duration, and manner of unit owner participation.

1095 5. Any unit owner may tape record or videotape meetings of
1096 the unit owners subject to reasonable rules adopted by the
1097 division.

1098 6. Unless otherwise provided in the bylaws, a vacancy
1099 occurring on the board before the expiration of a term may be
1100 filled by the affirmative vote of the majority of the remaining
1101 directors, even if the remaining directors constitute less than
1102 a quorum, or by the sole remaining director. In the alternative,
1103 a board may hold an election to fill the vacancy, in which case
1104 the election procedures must conform to the requirements of
1105 subparagraph 1. unless the association has opted out of the
1106 statutory election process, in which case the bylaws of the
1107 association control. Unless otherwise provided in the bylaws, a
1108 board member appointed or elected under this subparagraph shall
1109 fill the vacancy for the unexpired term of the seat being
1110 filled. Filling vacancies created by recall is governed by
1111 paragraph (f) and rules adopted by the division.

1112
1113 Notwithstanding subparagraphs (b)2. and (d)1., an association
1114 may, by the affirmative vote of a majority of the total voting



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1115 interests, provide for a different voting and election procedure
1116 in its bylaws, which vote may be by a proxy specifically
1117 delineating the different voting and election procedures. The
1118 different voting and election procedures may provide for
1119 elections to be conducted by limited or general proxy.

1120 (f) *Recall of board members.*—Subject to ~~the provisions of~~
1121 s. 719.301, any member of the board of administration may be
1122 recalled and removed from office with or without cause by the
1123 vote or agreement in writing by a majority of all the voting
1124 interests. A special meeting of the voting interests to recall
1125 any member of the board of administration may be called by 10
1126 percent of the unit owners giving notice of the meeting as
1127 required for a meeting of unit owners, and the notice shall
1128 state the purpose of the meeting. Electronic transmission may
1129 not be used as a method of giving notice of a meeting called in
1130 whole or in part for this purpose.

1131 1. If the recall is approved by a majority of all voting
1132 interests by a vote at a meeting, the recall shall be effective
1133 as provided in this paragraph herein. The board shall duly
1134 notice and hold a board meeting within 5 full business days
1135 after ~~of~~ the adjournment of the unit owner meeting to recall one
1136 or more board members. At the meeting, the board shall either
1137 certify the recall, in which case such member or members shall
1138 be recalled effective immediately and shall turn over to the
1139 board within 5 full business days any and all records and
1140 property of the association in their possession, or shall
1141 proceed as set forth in subparagraph 3.

1142 2. If the proposed recall is by an agreement in writing by
1143 a majority of all voting interests, the agreement in writing or



1144 a copy thereof shall be served on the association by certified
1145 mail or by personal service in the manner authorized by chapter
1146 48 and the Florida Rules of Civil Procedure. The board of
1147 administration shall duly notice and hold a meeting of the board
1148 within 5 full business days after receipt of the agreement in
1149 writing. At the meeting, the board shall either certify the
1150 written agreement to recall members of the board, in which case
1151 such members shall be recalled effective immediately and shall
1152 turn over to the board, within 5 full business days, any and all
1153 records and property of the association in their possession, or
1154 proceed as described in subparagraph 3.

1155 3. If the board determines not to certify the written
1156 agreement to recall members of the board, or does not certify
1157 the recall by a vote at a meeting, the board shall, within 5
1158 full business days after the board meeting, file with the
1159 division a petition for binding arbitration pursuant to the
1160 procedures of s. 719.1255. For purposes of this paragraph, the
1161 unit owners who voted at the meeting or who executed the
1162 agreement in writing shall constitute one party under the
1163 petition for arbitration. If the arbitrator certifies the recall
1164 as to any member of the board, the recall shall be effective
1165 upon mailing of the final order of arbitration to the
1166 association. If the association fails to comply with the order
1167 of the arbitrator, the division may take action pursuant to s.
1168 719.501. Any member so recalled shall deliver to the board any
1169 and all records and property of the association in the member's
1170 possession within 5 full business days after ~~of~~ the effective
1171 date of the recall.

1172 4. If the board fails to duly notice and hold a board



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1173 meeting within 5 full business days after ~~of~~ service of an
1174 agreement in writing or within 5 full business days after ~~of~~ the
1175 adjournment of the unit owner recall meeting, the recall shall
1176 be deemed effective and the board members so recalled shall
1177 immediately turn over to the board any and all records and
1178 property of the association.

1179 5. If the board fails to duly notice and hold the required
1180 meeting or fails to file the required petition, the unit owner
1181 representative may file a petition pursuant to s. 719.1255
1182 challenging the board's failure to act. The petition must be
1183 filed within 60 days after the expiration of the applicable 5-
1184 full-business-day period. The review of a petition under this
1185 subparagraph is limited to the sufficiency of service on the
1186 board and the facial validity of the written agreement or
1187 ballots filed.

1188 ~~6.5.~~ If a vacancy occurs on the board as a result of a
1189 recall and less than a majority of the board members are
1190 removed, the vacancy may be filled by the affirmative vote of a
1191 majority of the remaining directors, notwithstanding any
1192 provision to the contrary contained in this chapter. If
1193 vacancies occur on the board as a result of a recall and a
1194 majority or more of the board members are removed, the vacancies
1195 shall be filled in accordance with procedural rules to be
1196 adopted by the division, which rules need not be consistent with
1197 this chapter. The rules must provide procedures governing the
1198 conduct of the recall election as well as the operation of the
1199 association during the period after a recall but prior to the
1200 recall election.

1201 7. A board member who has been recalled may file a petition



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1202 pursuant to s. 719.1255 challenging the validity of a recall.
1203 The petition must be filed within 60 days after the recall is
1204 deemed certified. The association and the unit owner
1205 representative shall be named as the respondents.

1206 8. The division may not accept for filing a recall
1207 petition, whether filed pursuant to subparagraph 1.,
1208 subparagraph 2., subparagraph 5., or subparagraph 7. and
1209 regardless of whether the recall was certified, if there are 60
1210 days or less until the scheduled reelection of the board member
1211 sought to be recalled or if 60 days or less have not elapsed
1212 since the election of the board member sought to be recalled.

1213 Section 15. Subsections (1), (3), (4), and (9) of section
1214 719.108, Florida Statutes, are amended to read:

1215 719.108 Rents and assessments; liability; lien and
1216 priority; interest; collection; cooperative ownership.—

1217 (1) A unit owner, regardless of how title is acquired,
1218 including, without limitation, a purchaser at a judicial sale,
1219 is shall be liable for all rents and assessments coming due
1220 while the unit owner owns the unit is in exclusive possession of
1221 a unit. Additionally, a In a voluntary transfer, the unit owner
1222 is in exclusive possession shall be jointly and severally liable
1223 with the previous unit owner for all unpaid rents and
1224 assessments, late fees, interest costs, and reasonable attorney
1225 fees incurred in an attempt to collect all such amounts that
1226 came due against the previous unit owner for his or her share of
1227 the common expenses up to the time of the transfer of title.
1228 This liability is, without prejudice to the rights of the
1229 present unit owner in exclusive possession to recover from the
1230 previous unit owner any the amounts paid by the present unit



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1231 owner ~~in exclusive possession therefor.~~

1232 (3) Rents and assessments, and installments on them, not
1233 paid when due bear interest at the rate provided in the
1234 cooperative documents from the date due until paid. This rate
1235 may not exceed the rate allowed by law and, if a rate is not
1236 provided in the cooperative documents, accrues at 18 percent per
1237 annum. If the cooperative documents or bylaws so provide, the
1238 association may charge an administrative late fee in addition to
1239 such interest, not to exceed the greater of \$25 or 5 percent of
1240 each installment of the assessment for each delinquent
1241 installment that the payment is late. Any payment received by an
1242 association must be applied first to any interest accrued by the
1243 association, then to any administrative late fee, then to any
1244 costs and reasonable attorney ~~attorney's~~ fees incurred in
1245 collection, and then to the delinquent assessment. The foregoing
1246 applies notwithstanding any restrictive endorsement,
1247 designation, or instruction placed on or accompanying a payment.
1248 A late fee is not subject to chapter 687 or s. 719.303(4).

1249 (4) The association has a lien on each cooperative parcel
1250 for any unpaid rents and assessments, plus interest, and any
1251 authorized administrative late fees. If authorized by the
1252 cooperative documents, the lien also secures reasonable attorney
1253 ~~attorney's~~ fees incurred by the association incident to the
1254 collection of the rents and assessments or enforcement of such
1255 lien. The lien is effective from and after recording a claim of
1256 lien in the public records in the county in which the
1257 cooperative parcel is located which states the description of
1258 the cooperative parcel, the name of the unit owner, the amount
1259 due, and the due dates. The lien expires if a claim of lien is



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1260 not filed within 1 year after the date the assessment was due,
1261 and the lien does not continue for longer than 1 year after the
1262 claim of lien has been recorded unless, within that time, an
1263 action to enforce the lien is commenced. Except as otherwise
1264 provided in this chapter, a lien may not be filed by the
1265 association against a cooperative parcel until 30 days after the
1266 date on which a notice of intent to file a lien has been
1267 delivered to the owner.

1268 (a) The notice must be sent to the unit owner at the
1269 address of the unit by first-class United States mail and:

1270 1. If the most recent address of the unit owner on the
1271 records of the association is the address of the unit, the
1272 notice must be sent by registered or certified mail, return
1273 receipt requested, to the unit owner at the address of the unit.

1274 2. If the most recent address of the unit owner on the
1275 records of the association is in the United States, but is not
1276 the address of the unit, the notice must be sent by registered
1277 or certified mail, return receipt requested, to the unit owner
1278 at his or her most recent address.

1279 3. If the most recent address of the unit owner on the
1280 records of the association is not in the United States, the
1281 notice must be sent by first-class United States mail to the
1282 unit owner at his or her most recent address.

1283 (b) A notice that is sent pursuant to this subsection is
1284 deemed delivered upon mailing.

1285 (9) The specific purposes of any special assessment,
1286 including any contingent special assessment levied in
1287 conjunction with the purchase of an insurance policy authorized
1288 by s. 719.104(3), approved in accordance with the cooperative



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1289 documents shall be set forth in a written notice of such
1290 assessment sent or delivered to each unit owner. The funds
1291 collected pursuant to a special assessment may ~~shall~~ be used
1292 only for the specific purpose or purposes set forth in such
1293 notice or returned to the unit owners. However, upon completion
1294 of such specific purposes, any excess funds shall be considered
1295 common surplus and may, at the discretion of the board, either
1296 be returned to the unit owners or applied as a credit toward
1297 future assessments.

1298 Section 16. Paragraph (a) of subsection (3) and subsection
1299 (5) of section 719.303, Florida Statutes, are amended to read:

1300 719.303 Obligations of owners.—

1301 (3) The association may levy reasonable fines for failure
1302 of the unit owner or the unit's occupant, licensee, or invitee
1303 to comply with any provision of the cooperative documents or
1304 reasonable rules of the association. A fine may not become a
1305 lien against a unit. A fine may be levied on the basis of each
1306 day of a continuing violation, with a single notice and
1307 opportunity for hearing. However, the fine may not exceed \$100
1308 per violation, or \$1,000 in the aggregate.

1309 (a) An association may suspend, for a reasonable period of
1310 time, the right of a unit owner, or a unit owner's tenant,
1311 guest, or invitee, to use the common elements, common
1312 facilities, or any other association property for failure to
1313 comply with any provision of the cooperative documents or
1314 reasonable rules of the association. This paragraph does not
1315 apply to limited common elements intended to be used only by
1316 that unit, common elements needed to access the unit, utility
1317 services provided to the unit, parking spaces, or elevators.



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1318 (5) An association may suspend the voting rights of a unit
1319 or member due to nonpayment of any monetary obligation due to
1320 the association which is more than 90 days delinquent.
1321 Notwithstanding an association's cooperative documents, the
1322 requirements to establish a quorum, conduct an election, or
1323 obtain membership approval on actions under this chapter or
1324 pursuant to the association's cooperative documents shall be
1325 reduced by the number of suspended voting interests or consent
1326 rights. A voting interest or consent right allocated to a unit
1327 or member which has been suspended by the association may not be
1328 counted towards the total number of voting interests for any
1329 purpose, including, but not limited to, the number of voting
1330 interests necessary to constitute a quorum, the number of voting
1331 interests required to conduct an election, or the number of
1332 voting interests required to approve an action under this
1333 chapter or pursuant to the cooperative documents, articles of
1334 incorporation, or bylaws. The suspension ends upon full payment
1335 of all obligations currently due or overdue the association. The
1336 notice and hearing requirements under subsection (3) do not
1337 apply to a suspension imposed under this subsection.

1338 Section 17. Paragraph (c) of subsection (5) and subsection
1339 (10) of section 720.303, Florida Statutes, are amended to read:

1340 720.303 Association powers and duties; meetings of board;
1341 official records; budgets; financial reporting; association
1342 funds; recalls.-

1343 (5) INSPECTION AND COPYING OF RECORDS.—The official records
1344 shall be maintained within the state and must be open to
1345 inspection and available for photocopying by members or their
1346 authorized agents at reasonable times and places within 10



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1347 business days after receipt of a written request for access.
1348 This subsection may be complied with by having a copy of the
1349 official records available for inspection or copying in the
1350 community. If the association has a photocopy machine available
1351 where the records are maintained, it must provide parcel owners
1352 with copies on request during the inspection if the entire
1353 request is limited to no more than 25 pages.

1354 (c) The association may adopt reasonable written rules
1355 governing the frequency, time, location, notice, records to be
1356 inspected, and manner of inspections, but may not require a
1357 parcel owner to demonstrate any proper purpose for the
1358 inspection, state any reason for the inspection, or limit a
1359 parcel owner's right to inspect records to less than one 8-hour
1360 business day per month. The association may impose fees to cover
1361 the costs of providing copies of the official records,
1362 including, without limitation, the costs of copying. The
1363 association may charge up to 50 cents per page for copies made
1364 on the association's photocopier. If the association does not
1365 have a photocopy machine available where the records are kept,
1366 or if the records requested to be copied exceed 25 pages in
1367 length, the association may have copies made by an outside
1368 vendor or association management company personnel and may
1369 charge the actual cost of copying, including any reasonable
1370 costs involving personnel fees and charges at an hourly rate for
1371 vendor or employee time to cover administrative costs to the
1372 vendor or association. The association shall maintain an
1373 adequate number of copies of the recorded governing documents,
1374 to ensure their availability to members and prospective members.
1375 Notwithstanding this paragraph, the following records are not



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1376 accessible to members or parcel owners:

1377 1. Any record protected by the lawyer-client privilege as
1378 described in s. 90.502 and any record protected by the work-
1379 product privilege, including, but not limited to, a record
1380 prepared by an association attorney or prepared at the
1381 attorney's express direction which reflects a mental impression,
1382 conclusion, litigation strategy, or legal theory of the attorney
1383 or the association and which was prepared exclusively for civil
1384 or criminal litigation or for adversarial administrative
1385 proceedings or which was prepared in anticipation of such
1386 litigation or proceedings until the conclusion of the litigation
1387 or proceedings.

1388 2. Information obtained by an association in connection
1389 with the approval of the lease, sale, or other transfer of a
1390 parcel.

1391 3. Personnel records of association or management company
1392 ~~the association's~~ employees, including, but not limited to,
1393 disciplinary, payroll, health, and insurance records. For
1394 purposes of this subparagraph, the term "personnel records" does
1395 not include written employment agreements with an association or
1396 management company employee or budgetary or financial records
1397 that indicate the compensation paid to an association or
1398 management company employee.

1399 4. Medical records of parcel owners or community residents.

1400 5. Social security numbers, driver ~~driver's~~ license
1401 numbers, credit card numbers, electronic mailing addresses,
1402 telephone numbers, facsimile numbers, emergency contact
1403 information, any addresses for a parcel owner other than as
1404 provided for association notice requirements, and other personal



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1405 identifying information of any person, excluding the person's
1406 name, parcel designation, mailing address, and property address.
1407 However, an owner may consent in writing to the disclosure of
1408 protected information described in this subparagraph. The
1409 association is not liable for the disclosure of information that
1410 is protected under this subparagraph if the information is
1411 included in an official record of the association and is
1412 voluntarily provided by an owner and not requested by the
1413 association.

1414 6. Any electronic security measure that is used by the
1415 association to safeguard data, including passwords.

1416 7. The software and operating system used by the
1417 association which allows the manipulation of data, even if the
1418 owner owns a copy of the same software used by the association.
1419 The data is part of the official records of the association.

1420 (10) RECALL OF DIRECTORS.—

1421 (a)1. Regardless of any provision to the contrary contained
1422 in the governing documents, subject to the provisions of s.
1423 720.307 regarding transition of association control, any member
1424 of the board of directors may be recalled and removed from
1425 office with or without cause by a majority of the total voting
1426 interests.

1427 2. When the governing documents, including the declaration,
1428 articles of incorporation, or bylaws, provide that only a
1429 specific class of members is entitled to elect a board director
1430 or directors, only that class of members may vote to recall
1431 those board directors so elected.

1432 (b)1. Board directors may be recalled by an agreement in
1433 writing or by written ballot without a membership meeting. The



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1434 agreement in writing or the written ballots, or a copy thereof,
1435 shall be served on the association by certified mail or by
1436 personal service in the manner authorized by chapter 48 and the
1437 Florida Rules of Civil Procedure.

1438 2. The board shall duly notice and hold a meeting of the
1439 board within 5 full business days after receipt of the agreement
1440 in writing or written ballots. At the meeting, the board shall
1441 either certify the written ballots or written agreement to
1442 recall a director or directors of the board, in which case such
1443 director or directors shall be recalled effective immediately
1444 and shall turn over to the board within 5 full business days any
1445 and all records and property of the association in their
1446 possession, or proceed as described in paragraph (d).

1447 3. When it is determined by the department pursuant to
1448 binding arbitration proceedings that an initial recall effort
1449 was defective, written recall agreements or written ballots used
1450 in the first recall effort and not found to be defective may be
1451 reused in one subsequent recall effort. However, in no event is
1452 a written agreement or written ballot valid for more than 120
1453 days after it has been signed by the member.

1454 4. Any rescission or revocation of a member's written
1455 recall ballot or agreement must be in writing and, in order to
1456 be effective, must be delivered to the association before the
1457 association is served with the written recall agreements or
1458 ballots.

1459 5. The agreement in writing or ballot shall list at least
1460 as many possible replacement directors as there are directors
1461 subject to the recall, when at least a majority of the board is
1462 sought to be recalled; the person executing the recall



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1463 instrument may vote for as many replacement candidates as there
1464 are directors subject to the recall.

1465 (c)1. If the declaration, articles of incorporation, or
1466 bylaws specifically provide, the members may also recall and
1467 remove a board director or directors by a vote taken at a
1468 meeting. If so provided in the governing documents, a special
1469 meeting of the members to recall a director or directors of the
1470 board of administration may be called by 10 percent of the
1471 voting interests giving notice of the meeting as required for a
1472 meeting of members, and the notice shall state the purpose of
1473 the meeting. Electronic transmission may not be used as a method
1474 of giving notice of a meeting called in whole or in part for
1475 this purpose.

1476 2. The board shall duly notice and hold a board meeting
1477 within 5 full business days after the adjournment of the member
1478 meeting to recall one or more directors. At the meeting, the
1479 board shall certify the recall, in which case such member or
1480 members shall be recalled effective immediately and shall turn
1481 over to the board within 5 full business days any and all
1482 records and property of the association in their possession, or
1483 shall proceed as set forth in subparagraph (d).

1484 (d) If the board determines not to certify the written
1485 agreement or written ballots to recall a director or directors
1486 of the board or does not certify the recall by a vote at a
1487 meeting, the board shall, within 5 full business days after the
1488 meeting, file with the department a petition for binding
1489 arbitration pursuant to the applicable procedures in ss.
1490 718.112(2)(j) and 718.1255 and the rules adopted thereunder. For
1491 the purposes of this section, the members who voted at the



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1492 meeting or who executed the agreement in writing shall
1493 constitute one party under the petition for arbitration. If the
1494 arbitrator certifies the recall as to any director or directors
1495 of the board, the recall will be effective upon mailing of the
1496 final order of arbitration to the association. The director or
1497 directors so recalled shall deliver to the board any and all
1498 records of the association in their possession within 5 full
1499 business days after the effective date of the recall.

1500 (e) If a vacancy occurs on the board as a result of a
1501 recall and less than a majority of the board directors are
1502 removed, the vacancy may be filled by the affirmative vote of a
1503 majority of the remaining directors, notwithstanding any
1504 provision to the contrary contained in this subsection or in the
1505 association documents. If vacancies occur on the board as a
1506 result of a recall and a majority or more of the board directors
1507 are removed, the vacancies shall be filled by members voting in
1508 favor of the recall; if removal is at a meeting, any vacancies
1509 shall be filled by the members at the meeting. If the recall
1510 occurred by agreement in writing or by written ballot, members
1511 may vote for replacement directors in the same instrument in
1512 accordance with procedural rules adopted by the division, which
1513 rules need not be consistent with this subsection.

1514 (f) If the board fails to duly notice and hold a board
1515 meeting within 5 full business days after service of an
1516 agreement in writing or within 5 full business days after the
1517 adjournment of the member recall meeting, the recall shall be
1518 deemed effective and the board directors so recalled shall
1519 immediately turn over to the board all records and property of
1520 the association.



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1521 (g) If the board fails to duly notice and hold the required
1522 meeting or fails to file the required petition, the unit owner
1523 representative may file a petition pursuant to s. 718.1255
1524 challenging the board's failure to act. The petition must be
1525 filed within 60 days after the expiration of the applicable 5-
1526 full-business-day period. The review of a petition under this
1527 paragraph is limited to the sufficiency of service on the board
1528 and the facial validity of the written agreement or ballots
1529 filed.

1530 (h)~~(g)~~ If a director who is removed fails to relinquish his
1531 or her office or turn over records as required under this
1532 section, the circuit court in the county where the association
1533 maintains its principal office may, upon the petition of the
1534 association, summarily order the director to relinquish his or
1535 her office and turn over all association records upon
1536 application of the association.

1537 (i)~~(h)~~ The minutes of the board meeting at which the board
1538 decides whether to certify the recall are an official
1539 association record. The minutes must record the date and time of
1540 the meeting, the decision of the board, and the vote count taken
1541 on each board member subject to the recall. In addition, when
1542 the board decides not to certify the recall, as to each vote
1543 rejected, the minutes must identify the parcel number and the
1544 specific reason for each such rejection.

1545 (j)~~(i)~~ When the recall of more than one board director is
1546 sought, the written agreement, ballot, or vote at a meeting
1547 shall provide for a separate vote for each board director sought
1548 to be recalled.

1549 (k) A board member who has been recalled may file a



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1550 petition pursuant to ss. 718.112(2)(j) and 718.1255 and the
1551 rules adopted challenging the validity of the recall. The
1552 petition must be filed within 60 days after the recall is deemed
1553 certified. The association and the unit owner representative
1554 shall be named as respondents.

1555 (1) The division may not accept for filing a recall
1556 petition, whether filed pursuant to paragraph (b), paragraph
1557 (c), paragraph (g), or paragraph (k) and regardless of whether
1558 the recall was certified, if there are 60 days or less until the
1559 scheduled reelection of the board member sought to be recalled
1560 or if 60 days or less have not elapsed since the election of the
1561 board member sought to be recalled.

1562 Section 18. Subsections (2) and (4) of section 720.305,
1563 Florida Statutes, are amended to read:

1564 720.305 Obligations of members; remedies at law or in
1565 equity; levy of fines and suspension of use rights.—

1566 (2) The association may levy reasonable fines of up to \$100
1567 per violation against any member or any member's tenant, guest,
1568 or invitee for the failure of the owner of the parcel or its
1569 occupant, licensee, or invitee to comply with any provision of
1570 the declaration, the association bylaws, or reasonable rules of
1571 the association. A fine may be levied for each day of a
1572 continuing violation, with a single notice and opportunity for
1573 hearing, except that the fine may not exceed \$1,000 in the
1574 aggregate unless otherwise provided in the governing documents.
1575 A fine of less than \$1,000 may not become a lien against a
1576 parcel. In any action to recover a fine, the prevailing party is
1577 entitled to reasonable attorney ~~attorney's~~ fees and costs from
1578 the nonprevailing party as determined by the court.



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1579 (a) An association may suspend, for a reasonable period of
1580 time, the right of a member, or a member's tenant, guest, or
1581 invitee, to use common areas and facilities for the failure of
1582 the owner of the parcel or its occupant, licensee, or invitee to
1583 comply with any provision of the declaration, the association
1584 bylaws, or reasonable rules of the association. This paragraph
1585 does not apply to that portion of common areas used to provide
1586 access or utility services to the parcel. A suspension may not
1587 impair the right of an owner or tenant of a parcel to have
1588 vehicular and pedestrian ingress to and egress from the parcel,
1589 including, but not limited to, the right to park.

1590 (b) A fine or suspension may not be imposed without at
1591 least 14 days' notice to the person sought to be fined or
1592 suspended and an opportunity for a hearing before a committee of
1593 at least three members appointed by the board who are not
1594 officers, directors, or employees of the association, or the
1595 spouse, parent, child, brother, or sister of an officer,
1596 director, or employee. If the committee, by majority vote, does
1597 not approve a proposed fine or suspension, it may not be
1598 imposed. If the association imposes a fine or suspension, the
1599 association must provide written notice of such fine or
1600 suspension by mail or hand delivery to the parcel owner and, if
1601 applicable, to any tenant, licensee, or invitee of the parcel
1602 owner.

1603 (4) An association may suspend the voting rights of a
1604 parcel or member for the nonpayment of any monetary obligation
1605 due ~~to~~ the association that is more than 90 days delinquent.
1606 Notwithstanding an association's governing documents, the
1607 requirements to establish a quorum, conduct an election, or



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1608 obtain membership approval on actions under this chapter or
1609 pursuant to the association's governing documents shall be
1610 reduced by the number of suspended voting interests or consent
1611 rights. A voting interest or consent right allocated to a parcel
1612 or member which has been suspended by the association may not be
1613 counted towards the total number of voting interests for any
1614 purpose, including, but not limited to, the number of voting
1615 interests necessary to constitute a quorum, the number of voting
1616 interests required to conduct an election, or the number of
1617 voting interests required to approve an action under this
1618 chapter or pursuant to the governing documents. The notice and
1619 hearing requirements under subsection (2) do not apply to a
1620 suspension imposed under this subsection. The suspension ends
1621 upon full payment of all obligations currently due or overdue to
1622 the association.

1623 Section 19. Paragraph (d) is added to subsection (1) of
1624 section 720.306, Florida Statutes, and subsection (9) of that
1625 section is amended, to read:

1626 720.306 Meetings of members; voting and election
1627 procedures; amendments.—

1628 (1) QUORUM; AMENDMENTS.—

1629 (d) The Legislature finds that the procurement of mortgagee
1630 consent to amendments that do not affect the rights or interests
1631 of mortgagees is an unreasonable and substantial logistical and
1632 financial burden on the parcel owners and that there is a
1633 compelling state interest in enabling the members of an
1634 association to approve amendments to the association's governing
1635 documents through legal means. Accordingly, and notwithstanding
1636 any provision to the contrary contained in this paragraph:



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1637 1. As to any mortgage recorded on or after July 1, 2012,
1638 any provision in the association's governing documents that
1639 requires the consent or joinder of some or all mortgagees of
1640 parcels or any other portion of the association's common areas
1641 to amend the association's governing documents or for any other
1642 matter is enforceable only as to amendments to the association's
1643 governing documents that adversely affect the priority of the
1644 mortgagee's lien or the mortgagee's rights to foreclose its lien
1645 or that otherwise materially affect the rights and interests of
1646 the mortgagees.

1647 2. As to mortgages recorded before July 1, 2012, any
1648 existing provisions in the association's governing documents
1649 requiring mortgagee consent are enforceable.

1650 3. In securing consent or joinder, the association is
1651 entitled to rely upon the public records to identify the holders
1652 of outstanding mortgages. The association may use the address
1653 provided in the original recorded mortgage document, unless
1654 there is a different address for the holder of the mortgage in a
1655 recorded assignment or modification of the mortgage, which
1656 recorded assignment or modification must reference the official
1657 records book and page on which the original mortgage was
1658 recorded. Once the association has identified the recorded
1659 mortgages of record, the association shall, in writing, request
1660 of each parcel owner whose parcel is encumbered by a mortgage of
1661 record any information the owner has in his or her possession
1662 regarding the name and address of the person to whom mortgage
1663 payments are currently being made. Notice shall be sent to such
1664 person if the address provided in the original recorded mortgage
1665 document is different from the name and address of the mortgagee



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1666 or assignee of the mortgage as shown by the public record. The
1667 association is deemed to have complied with this requirement by
1668 making the written request of the parcel owners required under
1669 this subparagraph. Any notices required to be sent to the
1670 mortgagees under this subparagraph shall be sent to all
1671 available addresses provided to the association.

1672 4. Any notice to the mortgagees required under subparagraph
1673 3. may be sent by a method that establishes proof of delivery,
1674 and any mortgagee who fails to respond within 60 days after the
1675 date of mailing is deemed to have consented to the amendment.

1676 5. For those amendments requiring mortgagee consent on or
1677 after July 1, 2012, in the event mortgagee consent is provided
1678 other than by properly recorded joinder, such consent shall be
1679 evidenced by affidavit of the association recorded in the public
1680 records of the county in which the declaration is recorded.

1681 6. Any amendment adopted without the required consent of a
1682 mortgagee is voidable only by a mortgagee who was entitled to
1683 notice and an opportunity to consent. An action to void an
1684 amendment is subject to the statute of limitations beginning 5
1685 years after the date of discovery as to the amendments described
1686 in subparagraph 1. and 5 years after the date of recordation of
1687 the certificate of amendment for all other amendments. This
1688 subparagraph applies to all mortgages, regardless of the date of
1689 recordation of the mortgage.

1690 (9) ~~(a)~~ ELECTIONS AND BOARD VACANCIES.-

1691 (a) Elections of directors must be conducted in accordance
1692 with the procedures set forth in the governing documents of the
1693 association. All members of the association are eligible to
1694 serve on the board of directors, and a member may nominate



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1695 himself or herself as a candidate for the board at a meeting
1696 where the election is to be held or, if the election process
1697 allows voting by absentee ballot, in advance of the balloting.
1698 Except as otherwise provided in the governing documents, boards
1699 of directors must be elected by a plurality of the votes cast by
1700 eligible voters. Any challenge to the election process must be
1701 commenced within 60 days after the election results are
1702 announced.

1703 (b) A person who is delinquent in the payment of any fee,
1704 fine, or other monetary obligation to the association for more
1705 than 90 days is not eligible for board membership. A person who
1706 has been convicted of any felony in this state or in a United
1707 States District or Territorial Court, or has been convicted of
1708 any offense in another jurisdiction which would be considered a
1709 felony if committed in this state, is not eligible for board
1710 membership unless such felon's civil rights have been restored
1711 for at least 5 years as of the date on which such person seeks
1712 election to the board. The validity of any action by the board
1713 is not affected if it is later determined that a member of the
1714 board is ineligible for board membership.

1715 (c) Any election dispute between a member and an
1716 association must be submitted to mandatory binding arbitration
1717 with the division. Such proceedings must be conducted in the
1718 manner provided by s. 718.1255 and the procedural rules adopted
1719 by the division. Unless otherwise provided in the bylaws, any
1720 vacancy occurring on the board before the expiration of a term
1721 may be filled by an affirmative vote of the majority of the
1722 remaining directors, even if the remaining directors constitute
1723 less than a quorum, or by the sole remaining director. In the



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1724 alternative, a board may hold an election to fill the vacancy,
1725 in which case the election procedures must conform to the
1726 requirements of the governing documents. Unless otherwise
1727 provided in the bylaws, a board member appointed or elected
1728 under this section is appointed for the unexpired term of the
1729 seat being filled. Filling vacancies created by recall is
1730 governed by s. 720.303(10) and rules adopted by the division.

1731 Section 20. Paragraphs (b) and (d) of subsection (2) of
1732 section 720.3085, Florida Statutes, are amended to read:

1733 720.3085 Payment for assessments; lien claims.—

1734 (2)

1735 (b) A parcel owner, regardless of how the parcel owner has
1736 acquired title, including, but not limited to, by purchase at a
1737 foreclosure sale, is jointly and severally liable with the
1738 previous parcel owner for all unpaid assessments, late fees,
1739 interest, costs, and reasonable attorney fees incurred by the
1740 association in an attempt to collect all such amounts that came
1741 due up to the time of transfer of title. This liability is
1742 without prejudice to any right the present parcel owner may have
1743 to recover any amounts paid by the present owner from the
1744 previous owner.

1745 (d) An association, or its successor or assignee, that
1746 acquires title to a parcel through the foreclosure of its lien
1747 for assessments is not liable for any unpaid assessments, late
1748 fees, interest, or reasonable attorney ~~attorney's~~ fees and costs
1749 that came due before the association's acquisition of title in
1750 favor of any other association, as defined in s. 718.103(2) or
1751 s. 720.301(9), which holds a ~~superior~~ lien interest on the
1752 parcel. This paragraph is intended to clarify existing law.



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1753 Section 21. This act shall take effect July 1, 2012.

1754

1755 ===== T I T L E A M E N D M E N T =====

1756 And the title is amended as follows:

1757 Delete everything before the enacting clause
1758 and insert:

1759 A bill to be entitled
1760 An act relating to residential properties; amending s.
1761 399.02, F.S.; exempting certain elevators from
1762 specific code update requirements; amending s.
1763 468.433, F.S.; prohibiting the Department of Business
1764 and Professional Regulation from publishing a
1765 community association manager's personal home address
1766 unless it is for the purpose of satisfying a public
1767 records request; amending s. 718.112, F.S.; revising
1768 the terms of membership for board members of a
1769 condominium unit owner association; revising
1770 condominium unit owner meeting notice requirements;
1771 providing that certain election requirements do not
1772 apply to an association governing a timeshare
1773 condominium; revising recordkeeping requirements of a
1774 condominium association board; requiring challenges to
1775 an election to commence within a certain time period;
1776 providing requirements for challenging the failure of
1777 a board to duly notice and hold the required board
1778 meeting or to file the required petition for a recall;
1779 providing requirements for recalled board members to
1780 challenge the recall; providing duties of the division
1781 regarding recall petitions; amending s. 718.113, F.S.;



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1782 providing requirements for a condominium association
1783 board relating to the installation of hurricane
1784 shutters, impact glass, code-compliant windows or
1785 doors, and other types of code-compliant hurricane
1786 protection under certain circumstances; amending s.
1787 718.115, F.S.; conforming provisions to changes made
1788 by the act; amending s. 718.116, F.S.; revising
1789 liability of certain condominium unit owners acquiring
1790 title; amending s. 718.303, F.S.; revising provisions
1791 relating to imposing remedies against a noncompliant
1792 or delinquent condominium unit owner or member;
1793 revising voting requirements under certain conditions;
1794 amending s. 718.403, F.S.; providing requirements for
1795 the completion of phase condominiums; creating s.
1796 718.406, F.S.; providing definitions; providing
1797 requirements for condominiums created within
1798 condominium parcels; providing for the establishment
1799 of primary condominium and secondary condominium
1800 units; providing requirements for association
1801 declarations; providing requirements for creating a
1802 secondary condominium on a primary condominium parcel;
1803 providing that an owner of a secondary unit is subject
1804 to both the primary condominium declaration and the
1805 secondary condominium declaration; authorizing a
1806 primary condominium association to provide insurance
1807 and adopt hurricane shutter or hurricane protection
1808 specifications under certain conditions; authorizing a
1809 unit owner or holder of a first mortgage on a
1810 secondary unit to register the unit owner's or



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1811 mortgagee's interest in the secondary unit with the
1812 primary condominium association by delivery of written
1813 notice; providing other requirements for the written
1814 notice; providing requirements relating to
1815 assessments; providing for resolution of conflicts
1816 between primary condominium declarations and secondary
1817 condominium declarations; providing requirements
1818 relating to common expenses due the primary
1819 condominium association; amending s. 718.5011, F.S.;
1820 revising the restriction on officers and full-time
1821 employees of the ombudsman from engaging in other
1822 businesses or professions; amending s. 718.707, F.S.;
1823 revising the time limitation for classification as a
1824 bulk assignee or bulk buyer; amending s. 719.104,
1825 F.S.; specifying additional records that are not
1826 accessible to unit owners; amending s. 719.1055, F.S.;
1827 revising provisions relating to the amendment of
1828 cooperative documents; providing legislative findings
1829 and a finding of compelling state interest; providing
1830 criteria for consent or joinder to an amendment;
1831 requiring notice regarding proposed amendments to
1832 mortgagees; providing criteria for notification;
1833 providing for voiding certain amendments; amending s.
1834 719.106, F.S.; requiring challenges to an election to
1835 commence within a certain time period; specifying
1836 certification or educational requirements for a newly
1837 elected or appointed cooperative board director;
1838 providing requirements for challenging the failure of
1839 a board to duly notice and hold the required board



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1840 meeting or to file the required petition for a recall;
1841 providing requirements for recalled board members to
1842 challenge the recall; providing duties of the division
1843 regarding recall petitions; amending s. 719.108, F.S.;
1844 revising provisions governing assessments and liens;
1845 revising liability of unit owners; providing
1846 requirements for persons acquiring title; amending s.
1847 719.303, F.S.; revising provisions relating to
1848 imposing remedies against a noncompliant or delinquent
1849 cooperative unit owner or member; revising voting
1850 requirements under certain conditions; amending s.
1851 720.303, F.S.; revising the types of records that are
1852 not accessible to homeowners' association members and
1853 parcel owners; providing requirements for challenging
1854 the failure of a board to duly notice and hold the
1855 required board meeting or to file the required
1856 petition for a recall; providing requirements for
1857 recalled board members to challenge the recall;
1858 providing duties of the division regarding recall
1859 petitions; amending s. 720.305, F.S.; revising
1860 provisions relating to imposing remedies against a
1861 noncompliant or delinquent homeowners' association
1862 member and parcel owner; revising voting requirements
1863 under certain conditions; amending s. 720.306, F.S.;
1864 revising provisions relating to the amendment of
1865 homeowners' association declarations; providing
1866 legislative findings and a finding of compelling state
1867 interest; providing criteria for consent or joinder to
1868 an amendment; requiring notice to mortgagees regarding



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1869 proposed amendments; providing criteria for
1870 notification; providing for voiding certain
1871 amendments; requiring challenges to an election to
1872 commence within a certain time period; specifying
1873 certification or educational requirements for a newly
1874 elected or appointed homeowners' association board
1875 director; amending s. 720.3085, F.S.; revising
1876 liability of certain parcel owners acquiring title;
1877 providing an effective date.

By Senator Bogdanoff

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1 A bill to be entitled
 2 An act relating to residential properties; amending s.
 3 399.02, F.S.; exempting certain elevators from
 4 specific code update requirements; amending s.
 5 468.433, F.S.; prohibiting the Department of Business
 6 and Professional Regulation from publishing a
 7 community association manager's personal home address
 8 unless it is for the purpose of satisfying a public
 9 records request; amending s. 718.112, F.S.; revising
 10 condominium unit owner meeting notice requirements;
 11 revising recordkeeping requirements of a condominium
 12 association board; requiring challenges to an election
 13 to commence within a certain time period; providing
 14 requirements for challenging the failure of a board to
 15 duly notice and hold the required board meeting or to
 16 file the required petition for a recall; providing
 17 requirements for recalled board members to challenge
 18 the recall; providing duties of the division regarding
 19 recall petitions; amending s. 718.113, F.S.; providing
 20 requirements for a condominium association board
 21 relating to the installation of hurricane shutters,
 22 impact glass, code-compliant windows or doors, and
 23 other types of code-compliant hurricane protection
 24 under certain circumstances; amending s. 718.115,
 25 F.S.; conforming provisions to changes made by the
 26 act; amending s. 718.116, F.S.; revising liability of
 27 certain condominium unit owners acquiring title;
 28 amending s. 718.303, F.S.; revising provisions
 29 relating to imposing remedies against a noncompliant

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30 or delinquent condominium unit owner or member;
 31 revising voting requirements under certain conditions;
 32 amending s. 718.403, F.S.; providing requirements for
 33 the completion of phase condominiums; creating s.
 34 718.406, F.S.; providing definitions; providing
 35 requirements for condominiums created within
 36 condominium parcels; providing for the establishment
 37 of primary condominium and secondary condominium
 38 units; providing requirements for association
 39 declarations; authorizing a primary condominium
 40 association to provide insurance and adopt hurricane
 41 shutter or hurricane protection specifications under
 42 certain conditions; providing requirements relating to
 43 assessments; providing for resolution of conflicts
 44 between primary condominium declarations and secondary
 45 condominium declarations; providing requirements
 46 relating to common expenses due the primary
 47 condominium association; amending s. 718.5011, F.S.;
 48 revising the restriction on officers and full-time
 49 employees of the ombudsman from engaging in other
 50 businesses or professions; amending s. 718.707, F.S.;
 51 revising the time limitation for classification as a
 52 bulk assignee or bulk buyer; amending s. 719.104,
 53 F.S.; specifying additional records that are not
 54 accessible to unit owners; amending s. 719.1055, F.S.;
 55 revising provisions relating to the amendment of
 56 cooperative documents; providing legislative findings
 57 and a finding of compelling state interest; providing
 58 criteria for consent or joinder to an amendment;

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59 requiring notice regarding proposed amendments to
 60 mortgagees; providing criteria for notification;
 61 providing for voiding certain amendments; amending s.
 62 719.106, F.S.; requiring challenges to an election to
 63 commence within a certain time period; specifying
 64 certification or educational requirements for a newly
 65 elected or appointed cooperative board director;
 66 providing requirements for challenging the failure of
 67 a board to duly notice and hold the required board
 68 meeting or to file the required petition for a recall;
 69 providing requirements for recalled board members to
 70 challenge the recall; providing duties of the division
 71 regarding recall petitions; amending s. 719.303, F.S.;
 72 revising provisions relating to imposing remedies
 73 against a noncompliant or delinquent cooperative unit
 74 owner or member; revising voting requirements under
 75 certain conditions; amending s. 720.303, F.S.;
 76 revising the types of records that are not accessible
 77 to homeowners' association members and parcel owners;
 78 providing requirements for challenging the failure of
 79 a board to duly notice and hold the required board
 80 meeting or to file the required petition for a recall;
 81 providing requirements for recalled board members to
 82 challenge the recall; providing duties of the division
 83 regarding recall petitions; amending s. 720.305, F.S.;
 84 revising provisions relating to imposing remedies
 85 against a noncompliant or delinquent homeowners'
 86 association member and parcel owner; revising voting
 87 requirements under certain conditions; amending s.

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88 720.306, F.S.; revising provisions relating to the
 89 amendment of homeowners' association declarations;
 90 providing legislative findings and a finding of
 91 compelling state interest; providing criteria for
 92 consent or joinder to an amendment; requiring notice
 93 to mortgagees regarding proposed amendments; providing
 94 criteria for notification; providing for voiding
 95 certain amendments; requiring challenges to an
 96 election to commence within a certain time period;
 97 specifying certification or educational requirements
 98 for a newly elected or appointed homeowners'
 99 association board director; amending s. 720.3085,
 100 F.S.; revising liability of certain parcel owners
 101 acquiring title; providing an effective date.
 102

103 Be It Enacted by the Legislature of the State of Florida:

104
 105 Section 1. Subsection (9) of section 399.02, Florida
 106 Statutes, is amended to read:

107 399.02 General requirements.—

108 (9) Updates to the Safety Code for Existing Elevators and
 109 Escalators, ASME A17.1 and A17.3, which require Phase II
 110 Firefighters' Service on elevators may not be enforced ~~until~~
 111 ~~July 1, 2015, or~~ until the elevator is replaced or requires
 112 major modification, ~~whichever occurs first~~, on elevators in
 113 condominiums or multifamily residential buildings, including
 114 those that are part of a continuing care facility licensed under
 115 chapter 651, or similar retirement community with apartments,
 116 having a certificate of occupancy by the local building

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117 authority that was issued before July 1, 2008. This exception
 118 does not prevent an elevator owner from requesting a variance
 119 from the applicable codes ~~before or after July 1, 2015~~. This
 120 subsection does not prohibit the division from granting
 121 variances pursuant to s. 120.542 and subsection (8). The
 122 division shall adopt rules to administer this subsection.

123 Section 2. Subsection (5) is added to section 468.433,
 124 Florida Statutes, to read:

125 468.433 Licensure by examination.—

126 (5) The department may not publish a licensee's personal
 127 home address unless it is for the purpose of satisfying a public
 128 records request.

129 Section 3. Paragraphs (d) and (j) of subsection (2) of
 130 section 718.112, Florida Statutes, are amended to read:

131 718.112 Bylaws.—

132 (2) REQUIRED PROVISIONS.—The bylaws shall provide for the
 133 following and, if they do not do so, shall be deemed to include
 134 the following:

135 (d) *Unit owner meetings*.—

136 1. An annual meeting of the unit owners shall be held at
 137 the location provided in the association bylaws and, if the
 138 bylaws are silent as to the location, the meeting shall be held
 139 within 45 miles of the condominium property. However, such
 140 distance requirement does not apply to an association governing
 141 a timeshare condominium.

142 2. Unless the bylaws provide otherwise, a vacancy on the
 143 board caused by the expiration of a director's term shall be
 144 filled by electing a new board member, and the election must be
 145 by secret ballot. An election is not required if the number of

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146 vacancies equals or exceeds the number of candidates. For
 147 purposes of this paragraph, the term "candidate" means an
 148 eligible person who has timely submitted the written notice, as
 149 described in sub-subparagraph 4.a., of his or her intention to
 150 become a candidate. Except in a timeshare condominium, or if the
 151 staggered term of a board member does not expire until a later
 152 annual meeting, or if all members' terms would otherwise expire
 153 but there are no candidates, the terms of all board members
 154 expire at the annual meeting, and such members may stand for
 155 reelection unless prohibited by the bylaws. If the bylaws permit
 156 staggered terms of no more than 2 years and upon approval of a
 157 majority of the total voting interests, the association board
 158 members may serve 2-year staggered terms. If the number of board
 159 members whose terms expire at the annual meeting equals or
 160 exceeds the number of candidates, the candidates become members
 161 of the board effective upon the adjournment of the annual
 162 meeting. Unless the bylaws provide otherwise, any remaining
 163 vacancies shall be filled by the affirmative vote of the
 164 majority of the directors making up the newly constituted board
 165 even if the directors constitute less than a quorum or there is
 166 only one director. In a condominium association of more than 10
 167 units or in a condominium association that does not include
 168 timeshare units or timeshare interests, coowners of a unit may
 169 not serve as members of the board of directors at the same time
 170 unless they own more than one unit or unless there are not
 171 enough eligible candidates to fill the vacancies on the board at
 172 the time of the vacancy. Any unit owner desiring to be a
 173 candidate for board membership must comply with sub-subparagraph
 174 4.a. and must be eligible to serve on the board of directors at

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 175 the time of the deadline for submitting a notice of intent to
 176 run in order to have his or her name listed as a proper
 177 candidate on the ballot or to serve on the board. A person who
 178 has been suspended or removed by the division under this
 179 chapter, or who is delinquent in the payment of any fee, fine,
 180 or special or regular assessment as provided in paragraph (n),
 181 is not eligible for board membership. A person who has been
 182 convicted of any felony in this state or in a United States
 183 District or Territorial Court, or who has been convicted of any
 184 offense in another jurisdiction which would be considered a
 185 felony if committed in this state, is not eligible for board
 186 membership unless such felon's civil rights have been restored
 187 for at least 5 years as of the date such person seeks election
 188 to the board. The validity of an action by the board is not
 189 affected if it is later determined that a board member is
 190 ineligible for board membership due to having been convicted of
 191 a felony.

192 3. The bylaws must provide the method of calling meetings
 193 of unit owners, including annual meetings. Written notice must
 194 include an agenda, must be mailed, hand delivered, or
 195 electronically transmitted to each unit owner at least 14 days
 196 before the annual meeting, and must be posted in a conspicuous
 197 place on the condominium property at least 14 continuous days
 198 before the annual meeting. Upon notice to the unit owners, the
 199 board shall, by duly adopted rule, designate a specific location
 200 on the condominium property or association property where all
 201 notices of unit owner meetings shall be posted. This requirement
 202 does not apply if there is no condominium property or
 203 association property for posting notices. In lieu of, or in

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 204 addition to, the physical posting of meeting notices, the
 205 association may, by reasonable rule, adopt a procedure for
 206 conspicuously posting and repeatedly broadcasting the notice and
 207 the agenda on a closed-circuit cable television system serving
 208 the condominium association. However, if broadcast notice is
 209 used in lieu of a notice posted physically on the condominium
 210 property, the notice and agenda must be broadcast at least four
 211 times every broadcast hour of each day that a posted notice is
 212 otherwise required under this section. If broadcast notice is
 213 provided, the notice and agenda must be broadcast in a manner
 214 and for a sufficient continuous length of time so as to allow an
 215 average reader to observe the notice and read and comprehend the
 216 entire content of the notice and the agenda. Unless a unit owner
 217 waives in writing the right to receive notice of the annual
 218 meeting, such notice must be hand delivered, mailed, or
 219 electronically transmitted to each unit owner. Notice for
 220 meetings and notice for all other purposes must be mailed to
 221 each unit owner at the address last furnished to the association
 222 by the unit owner, or hand delivered to each unit owner.
 223 However, if a unit is owned by more than one person, the
 224 association must provide notice to the address that the
 225 developer identifies for that purpose and thereafter as one or
 226 more of the owners of the unit advise the association in
 227 writing, or if no address is given or the owners of the unit do
 228 not agree, to the address provided on the deed of record. An
 229 officer of the association, or the manager or other person
 230 providing notice of the association meeting, must provide an
 231 affidavit or United States Postal Service certificate of
 232 mailing, to be included in the official records of the

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233 association affirming that the notice was mailed or hand
234 delivered in accordance with this provision.

235 4. The members of the board shall be elected by written
236 ballot or voting machine. Proxies may not be used in electing
237 the board in general elections or elections to fill vacancies
238 caused by recall, resignation, or otherwise, unless otherwise
239 provided in this chapter.

240 a. At least 60 days before a scheduled election, the
241 association shall mail, deliver, or electronically transmit, by
242 separate association mailing or included in another association
243 mailing, delivery, or transmission, including regularly
244 published newsletters, to each unit owner entitled to a vote, a
245 first notice of the date of the election. Any unit owner or
246 other eligible person desiring to be a candidate for the board
247 must give written notice of his or her intent to be a candidate
248 to the association at least 40 days before a scheduled election.
249 Together with the written notice and agenda as set forth in
250 subparagraph 3., the association shall mail, deliver, or
251 electronically transmit a second notice of the election to all
252 unit owners entitled to vote, together with a ballot that lists
253 all candidates. Upon request of a candidate, an information
254 sheet, no larger than 8 1/2 inches by 11 inches, which must be
255 furnished by the candidate at least 35 days before the election,
256 must be included with the mailing, delivery, or transmission of
257 the ballot, with the costs of mailing, delivery, or electronic
258 transmission and copying to be borne by the association. The
259 association is not liable for the contents of the information
260 sheets prepared by the candidates. In order to reduce costs, the
261 association may print or duplicate the information sheets on

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262 both sides of the paper. The division shall by rule establish
263 voting procedures consistent with this sub-subparagraph,
264 including rules establishing procedures for giving notice by
265 electronic transmission and rules providing for the secrecy of
266 ballots. Elections shall be decided by a plurality of ballots
267 cast. There is no quorum requirement; however, at least 20
268 percent of the eligible voters must cast a ballot in order to
269 have a valid election. A unit owner may not permit any other
270 person to vote his or her ballot, and any ballots improperly
271 cast are invalid. A unit owner who violates this provision may
272 be fined by the association in accordance with s. 718.303. A
273 unit owner who needs assistance in casting the ballot for the
274 reasons stated in s. 101.051 may obtain such assistance. The
275 regular election must occur on the date of the annual meeting.
276 Notwithstanding this sub-subparagraph, an election is not
277 required unless more candidates file notices of intent to run or
278 are nominated than board vacancies exist.

279 b. Within 90 days after being elected or appointed to the
280 board, each newly elected or appointed director shall certify in
281 writing to the secretary of the association that he or she has
282 read the association's declaration of condominium, articles of
283 incorporation, bylaws, and current written policies; that he or
284 she will work to uphold such documents and policies to the best
285 of his or her ability; and that he or she will faithfully
286 discharge his or her fiduciary responsibility to the
287 association's members. In lieu of this written certification,
288 within 90 days after being elected or appointed to the board,
289 the newly elected or appointed director may submit a certificate
290 of having satisfactorily completed the educational curriculum

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291 administered by a division-approved condominium education
 292 provider within 1 year before or 90 days after the date of
 293 election or appointment. The written certification or
 294 educational certificate is valid and does not have to be
 295 resubmitted as long as the director serves on the board without
 296 interruption. A director who fails to timely file the written
 297 certification or educational certificate is suspended from
 298 service on the board until he or she complies with this sub-
 299 subparagraph. The board may temporarily fill the vacancy during
 300 the period of suspension. The secretary shall cause the
 301 association to retain a director's written certification or
 302 educational certificate for inspection by the members for 5
 303 years after a director's election or the duration of the
 304 director's uninterrupted tenure, whichever is longer. Failure to
 305 have such written certification or educational certificate on
 306 file does not affect the validity of any board action.

307 c. Any challenge to the election process must be commenced
 308 within 60 days after the election results are announced.

309 5. Any approval by unit owners called for by this chapter
 310 or the applicable declaration or bylaws, including, but not
 311 limited to, the approval requirement in s. 718.111(8), must be
 312 made at a duly noticed meeting of unit owners and is subject to
 313 all requirements of this chapter or the applicable condominium
 314 documents relating to unit owner decisionmaking, except that
 315 unit owners may take action by written agreement, without
 316 meetings, on matters for which action by written agreement
 317 without meetings is expressly allowed by the applicable bylaws
 318 or declaration or any law that provides for such action.

319 6. Unit owners may waive notice of specific meetings if

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320 allowed by the applicable bylaws or declaration or any law. If
 321 authorized by the bylaws, notice of meetings of the board of
 322 administration, unit owner meetings, except unit owner meetings
 323 called to recall board members under paragraph (j), and
 324 committee meetings may be given by electronic transmission to
 325 unit owners who consent to receive notice by electronic
 326 transmission.

327 7. Unit owners have the right to participate in meetings of
 328 unit owners with reference to all designated agenda items.
 329 However, the association may adopt reasonable rules governing
 330 the frequency, duration, and manner of unit owner participation.

331 8. A unit owner may tape record or videotape a meeting of
 332 the unit owners subject to reasonable rules adopted by the
 333 division.

334 9. Unless otherwise provided in the bylaws, any vacancy
 335 occurring on the board before the expiration of a term may be
 336 filled by the affirmative vote of the majority of the remaining
 337 directors, even if the remaining directors constitute less than
 338 a quorum, or by the sole remaining director. In the alternative,
 339 a board may hold an election to fill the vacancy, in which case
 340 the election procedures must conform to sub-subparagraph 4.a.
 341 unless the association governs 10 units or fewer and has opted
 342 out of the statutory election process, in which case the bylaws
 343 of the association control. Unless otherwise provided in the
 344 bylaws, a board member appointed or elected under this section
 345 shall fill the vacancy for the unexpired term of the seat being
 346 filled. Filling vacancies created by recall is governed by
 347 paragraph (j) and rules adopted by the division.

348 10. This chapter does not limit the use of general or

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 349 limited proxies, require the use of general or limited proxies,
 350 or require the use of a written ballot or voting machine for any
 351 agenda item or election at any meeting of a timeshare
 352 condominium association.

353
 354 Notwithstanding subparagraph (b)2. and sub-subparagraph 4.a., an
 355 association of 10 or fewer units may, by affirmative vote of a
 356 majority of the total voting interests, provide for different
 357 voting and election procedures in its bylaws, which may be by a
 358 proxy specifically delineating the different voting and election
 359 procedures. The different voting and election procedures may
 360 provide for elections to be conducted by limited or general
 361 proxy.

362 (j) *Recall of board members.*—Subject to ~~the provisions of~~
 363 s. 718.301, any member of the board of administration may be
 364 recalled and removed from office with or without cause by the
 365 vote or agreement in writing by a majority of all the voting
 366 interests. A special meeting of the unit owners to recall a
 367 member or members of the board of administration may be called
 368 by 10 percent of the voting interests giving notice of the
 369 meeting as required for a meeting of unit owners, and the notice
 370 shall state the purpose of the meeting. Electronic transmission
 371 may not be used as a method of giving notice of a meeting called
 372 in whole or in part for this purpose.

373 1. If the recall is approved by a majority of all voting
 374 interests by a vote at a meeting, the recall will be effective
 375 as provided in this paragraph herein. The board shall duly
 376 notice and hold a board meeting within 5 full business days
 377 after ~~of~~ the adjournment of the unit owner meeting to recall one

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 378 or more board members. At the meeting, the board shall either
 379 certify the recall, in which case such member or members shall
 380 be recalled effective immediately and shall turn over to the
 381 board within 5 full business days any and all records and
 382 property of the association in their possession, or shall
 383 proceed as set forth in subparagraph 3.

384 2. If the proposed recall is by an agreement in writing by
 385 a majority of all voting interests, the agreement in writing or
 386 a copy thereof shall be served on the association by certified
 387 mail or by personal service in the manner authorized by chapter
 388 48 and the Florida Rules of Civil Procedure. The board of
 389 administration shall duly notice and hold a meeting of the board
 390 within 5 full business days after receipt of the agreement in
 391 writing. At the meeting, the board shall either certify the
 392 written agreement to recall a member or members of the board, in
 393 which case such member or members shall be recalled effective
 394 immediately and shall turn over to the board within 5 full
 395 business days any and all records and property of the
 396 association in their possession, or proceed as described in
 397 subparagraph 3.

398 3. If the board determines not to certify the written
 399 agreement to recall a member or members of the board, or does
 400 not certify the recall by a vote at a meeting, the board shall,
 401 within 5 full business days after the meeting, file with the
 402 division a petition for arbitration pursuant to the procedures
 403 in s. 718.1255. For the purposes of this section, the unit
 404 owners who voted at the meeting or who executed the agreement in
 405 writing shall constitute one party under the petition for
 406 arbitration. If the arbitrator certifies the recall as to any

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407 member or members of the board, the recall will be effective
 408 upon mailing of the final order of arbitration to the
 409 association. If the association fails to comply with the order
 410 of the arbitrator, the division may take action pursuant to s.
 411 718.501. Any member or members so recalled shall deliver to the
 412 board any and all records of the association in their possession
 413 within 5 full business days after ~~of~~ the effective date of the
 414 recall.

415 4. If the board fails to duly notice and hold a board
 416 meeting within 5 full business days after ~~of~~ service of an
 417 agreement in writing or within 5 full business days after ~~of~~ the
 418 adjournment of the unit owner recall meeting, the recall shall
 419 be deemed effective and the board members so recalled shall
 420 immediately turn over to the board any and all records and
 421 property of the association.

422 5. If the board fails to duly notice and hold the required
 423 meeting or fails to file the required petition, the unit owner
 424 representative may file a petition pursuant to s. 718.1255
 425 challenging the board's failure to act. The petition must be
 426 filed within 60 days after the expiration of the applicable 5-
 427 full-business-day period. The review of a petition under this
 428 subparagraph is limited to the sufficiency of service on the
 429 board and the facial validity of the written agreement or
 430 ballots filed.

431 ~~6.5-~~ If a vacancy occurs on the board as a result of a
 432 recall or removal and less than a majority of the board members
 433 are removed, the vacancy may be filled by the affirmative vote
 434 of a majority of the remaining directors, notwithstanding any
 435 provision to the contrary contained in this subsection. If

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436 vacancies occur on the board as a result of a recall and a
 437 majority or more of the board members are removed, the vacancies
 438 shall be filled in accordance with procedural rules to be
 439 adopted by the division, which rules need not be consistent with
 440 this subsection. The rules must provide procedures governing the
 441 conduct of the recall election as well as the operation of the
 442 association during the period after a recall but prior to the
 443 recall election.

444 7. A board member who has been recalled may file a petition
 445 pursuant to s. 718.1255 challenging the validity of a recall.
 446 The petition must be filed within 60 days after the recall is
 447 deemed certified. The association and the unit owner
 448 representative shall be named as the respondents.

449 8. The division may not accept for filing a recall
 450 petition, whether filed pursuant to subparagraph 1.,
 451 subparagraph 2., subparagraph 5., or subparagraph 7. and
 452 regardless of whether the recall was certified, when there are
 453 60 or fewer days until the scheduled reelection of the board
 454 member sought to be recalled or when 60 or fewer days have
 455 elapsed since the election of the board member sought to be
 456 recalled.

457 Section 4. Subsection (5) of section 718.113, Florida
 458 Statutes, is amended to read:

459 718.113 Maintenance; limitation upon improvement; display
 460 of flag; hurricane shutters and protection; display of religious
 461 decorations.-

462 (5) Each board of administration shall adopt hurricane
 463 shutter specifications for each building within each condominium
 464 operated by the association which shall include color, style,

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465 and other factors deemed relevant by the board. All
466 specifications adopted by the board must comply with the
467 applicable building code.

468 (a) The board may, subject to ~~the provisions of s.~~
469 718.3026, and the approval of a majority of voting interests of
470 the condominium, install hurricane shutters, impact glass, ~~or~~
471 ~~other~~ code-compliant windows or doors, or other types of code-
472 compliant hurricane protection that comply ~~complies~~ with or
473 exceed ~~exceeds~~ the applicable building code. However, a vote of
474 the owners is not required if the maintenance, repair, and
475 replacement of hurricane shutters, impact glass, ~~or other~~ code-
476 compliant windows or doors, or other types of code-compliant
477 hurricane protection are the responsibility of the association
478 pursuant to the declaration of condominium. If hurricane
479 protection or laminated glass or window film architecturally
480 designed to function as hurricane protection that which complies
481 with or exceeds the current applicable building code has been
482 previously installed, the board may not install hurricane
483 shutters, ~~hurricane protection, or~~ impact glass, ~~or other~~ code-
484 compliant windows or doors, or other types of code-compliant
485 hurricane protection except upon approval by a majority vote of
486 the voting interests.

487 (b) The association is responsible for the maintenance,
488 repair, and replacement of the hurricane shutters, impact glass,
489 code-compliant windows or doors, or other types of code-
490 compliant hurricane protection authorized by this subsection if
491 such property ~~hurricane shutters or other hurricane protection~~
492 is the responsibility of the association pursuant to the
493 declaration of condominium. If the hurricane shutters, impact

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494 glass, code-compliant windows or doors, or other types of code-
495 compliant hurricane protection ~~authorized by this subsection~~ are
496 the responsibility of the unit owners pursuant to the
497 declaration of condominium, the maintenance, repair, and
498 replacement of such items are the responsibility of the unit
499 owner.

500 (c) The board may operate shutters, impact glass, code-
501 compliant windows or doors, or other types of code-compliant
502 hurricane protection installed pursuant to this subsection
503 without permission of the unit owners only if such operation is
504 necessary to preserve and protect the condominium property and
505 association property. The installation, replacement, operation,
506 repair, and maintenance of such shutters, impact glass, code-
507 compliant windows or doors, or other types of code-compliant
508 hurricane protection in accordance with the procedures set forth
509 in this paragraph are not a material alteration to the common
510 elements or association property within the meaning of this
511 section.

512 (d) Notwithstanding any other provision in the condominium
513 documents, if approval is required by the documents, a board may
514 not refuse to approve the installation or replacement of
515 hurricane shutters, impact glass, code-compliant windows or
516 doors, or other types of code-compliant hurricane protection by
517 a unit owner conforming to the specifications adopted by the
518 board.

519 Section 5. Paragraph (e) of subsection (1) of section
520 718.115, Florida Statutes, is amended to read:

521 718.115 Common expenses and common surplus.-

522 (1)

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523 (e) The expense of installation, replacement, operation,
 524 repair, and maintenance of hurricane shutters, impact glass,
 525 code-compliant windows or doors, or other types of code-
 526 compliant hurricane protection by the board pursuant to s.
 527 718.113(5) constitutes ~~shall constitute~~ a common expense ~~as~~
 528 ~~defined herein~~ and shall be collected as provided in this
 529 section if the association is responsible for the maintenance,
 530 repair, and replacement of the hurricane shutters, impact glass,
 531 code-compliant windows or doors, or other types of code-
 532 compliant hurricane protection pursuant to the declaration of
 533 condominium. However, if the maintenance, repair, and
 534 replacement of the hurricane shutters, impact glass, code-
 535 compliant windows or doors, or other types of code-compliant
 536 hurricane protection are ~~is~~ the responsibility of the unit
 537 owners pursuant to the declaration of condominium, the cost of
 538 the installation of the hurricane shutters, impact glass, code-
 539 compliant windows or doors, or other types of code-compliant
 540 hurricane protection is ~~shall~~ not be a common expense ~~and,~~ ~~but~~
 541 shall be charged individually to the unit owners based on the
 542 cost of installation of the hurricane shutters, impact glass,
 543 code-compliant windows or doors, or other types of code-
 544 compliant hurricane protection appurtenant to the unit.
 545 Notwithstanding ~~the provisions of~~ s. 718.116(9), and regardless
 546 of whether or not the declaration requires the association or
 547 unit owners to maintain, repair, or replace hurricane shutters,
 548 impact glass, code-compliant windows or doors, or other types of
 549 code-compliant hurricane protection, a unit owner who has
 550 previously installed hurricane shutters in accordance with s.
 551 718.113(5) that comply with the current applicable building code

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552 shall receive a credit when the shutters are installed; a unit
 553 owner who has previously installed impact glass or code-
 554 compliant windows or doors that comply with the current
 555 applicable building code shall receive a credit when the impact
 556 glass or code-compliant windows or doors are installed; and a
 557 unit owner who has installed, other types of code-compliant
 558 hurricane protection that comply with the current applicable
 559 building code shall receive a credit when the same type of other
 560 code-compliant hurricane protection is installed, and the ~~or~~
 561 laminated glass architecturally designed to function as
 562 hurricane protection, which hurricane shutters or other
 563 hurricane protection or laminated glass comply with the current
 564 applicable building code, shall receive a credit shall be equal
 565 to the pro rata portion of the assessed installation cost
 566 assigned to each unit. However, such unit owner remains ~~shall~~
 567 ~~remain~~ responsible for the pro rata share of expenses for
 568 hurricane shutters, impact glass, code-compliant windows or
 569 doors, or other types of code-compliant hurricane protection
 570 installed on common elements and association property by the
 571 board pursuant to s. 718.113(5), ~~and~~ remains ~~shall remain~~
 572 responsible for a pro rata share of the expense of the
 573 replacement, operation, repair, and maintenance of such
 574 shutters, impact glass, code-compliant windows or doors, or
 575 other types of code-compliant hurricane protection.
 576 Section 6. Paragraphs (a) and (b) of subsection (1) of
 577 section 718.116, Florida Statutes, are amended to read:
 578 718.116 Assessments; liability; lien and priority;
 579 interest; collection.-
 580 (1) (a) A unit owner, regardless of how the unit owner has

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581 ~~acquired his or her title has been acquired~~, including, but not
 582 ~~limited to~~, by purchase at a foreclosure sale ~~or by deed in lieu~~
 583 ~~of foreclosure~~, is liable for all assessments ~~that which~~ come
 584 due while he or she is the unit owner. Additionally, a unit
 585 owner is jointly and severally liable with the previous owner
 586 for all unpaid assessments, late fees, interest, costs, and
 587 reasonable attorney fees incurred by the association in an
 588 attempt to collect all such amounts is jointly and severally
 589 ~~liable with the previous owner for all unpaid assessments~~ that
 590 came due up to the time of transfer of title. This liability is
 591 without prejudice to any right the owner may have to recover
 592 from the previous owner the amounts paid by the owner.

593 (b)1. The liability of a first mortgagee or its successor
 594 or assignees who acquire title to a unit by foreclosure or by
 595 deed in lieu of foreclosure for the unpaid assessments that
 596 became due before the mortgagee's acquisition of title is
 597 limited to the lesser of:

598 a. The unit's unpaid common expenses and regular periodic
 599 assessments which accrued or came due during the 12 months
 600 immediately preceding the acquisition of title and for which
 601 payment in full has not been received by the association; or

602 b. One percent of the original mortgage debt.

603
 604 The limitations on first mortgagee liability provided by
 605 ~~provisions of this subparagraph paragraph~~ apply only if the
 606 first mortgagee joined the association as a defendant in the
 607 foreclosure action. Joinder of the association is not required
 608 if, on the date the complaint is filed, the association was
 609 dissolved or did not maintain an office or agent for service of

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610 process at a location ~~that which~~ was known to or reasonably
 611 discoverable by the mortgagee.

612 2. An association, or its successor or assignee, that
 613 acquires title to a unit through the foreclosure of its lien for
 614 assessments is not liable for any unpaid assessments, late fees,
 615 interest, or reasonable attorney ~~attorney's~~ fees and costs that
 616 came due before the association's acquisition of title in favor
 617 of any other association, as defined in s. 718.103(2) or s.
 618 720.301(9), which holds a ~~superior~~ lien interest on the unit.
 619 This subparagraph is intended to clarify existing law.

620 Section 7. Paragraph (a) of subsection (3) and subsection
 621 (5) of section 718.303, Florida Statutes, are amended to read:

622 718.303 Obligations of owners and occupants; remedies.—

623 (3) The association may levy reasonable fines for the
 624 failure of the owner of the unit or its occupant, licensee, or
 625 invitee to comply with any provision of the declaration, the
 626 association bylaws, or reasonable rules of the association. A
 627 fine may not become a lien against a unit. A fine may be levied
 628 on the basis of each day of a continuing violation, with a
 629 single notice and opportunity for hearing. However, the fine may
 630 not exceed \$100 per violation, or \$1,000 in the aggregate.

631 (a) An association may suspend, for a reasonable period of
 632 time, the right of a unit owner, or a unit owner's tenant,
 633 guest, or invitee, to use the common elements, common
 634 facilities, or any other association property for failure to
 635 comply with any provision of the declaration, the association
 636 bylaws, or reasonable rules of the association. This paragraph
 637 does not apply to limited common elements intended to be used
 638 only by that unit, common elements needed to access the unit,

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639 utility services provided to the unit, parking spaces, or
640 elevators.

641 (5) An association may suspend the voting rights of a unit
642 or member due to nonpayment of any monetary obligation due to
643 the association which is more than 90 days delinquent.
644 Notwithstanding an association's declaration, articles of
645 incorporation, or bylaws, the requirements to establish a
646 quorum, conduct an election, or obtain membership approval on
647 actions under this chapter or pursuant to the declaration,
648 articles of incorporation, or bylaws shall be reduced by the
649 number of suspended voting interests or consent rights. A voting
650 interest or consent right allocated to a unit or member which
651 has been suspended by the association may not be counted towards
652 the total number of voting interests necessary to constitute a
653 quorum, the number of voting interests required to conduct an
654 election, or the number of voting interests required to approve
655 an action under this chapter or pursuant to the declaration,
656 articles of incorporation, or bylaws. The suspension ends upon
657 full payment of all obligations currently due or overdue the
658 association. The notice and hearing requirements under
659 subsection (3) do not apply to a suspension imposed under this
660 subsection.

661 Section 8. Subsection (1) of section 718.403, Florida
662 Statutes, is amended to read:

663 718.403 Phase condominiums.—

664 (1) ~~Notwithstanding the provisions of~~ s. 718.110, a
665 developer may develop a condominium in phases, if the original
666 declaration of condominium submitting the initial phase to
667 condominium ownership or an amendment to the declaration which

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668 has been approved by all of the unit owners and unit mortgagees
669 provides for and describes in detail all anticipated phases; the
670 impact, if any, which the completion of subsequent phases would
671 have upon the initial phase; and the time period (which may not
672 exceed 7 years from the date of recording the declaration of
673 condominium, unless extended as provided in this subsection)
674 within which all phases must be added to the condominium and
675 comply with the requirements of this section and at the end of
676 which the right to add additional phases expires.

677 (a) All phases must be added to the condominium within 7
678 years after the date of recording the original declaration of
679 condominium submitting the initial phase to condominium
680 ownership unless an amendment extending the 7-year period is
681 approved by the unit owners.

682 (b) An amendment to extend the 7-year period requires the
683 approval of the owners necessary to amend the declaration of
684 condominium consistent with s. 718.110(1)(a). An extension of
685 the 7-year period may be submitted for approval only during the
686 last 3 years of the 7-year period.

687 (c) An amendment must describe the time period within which
688 all phases must be added to the condominium and such time period
689 may not exceed 10 years after the date of recording the original
690 declaration of condominium submitting the initial phase to
691 condominium ownership.

692 (d) Notwithstanding s. 718.110, an amendment extending the
693 7-year period is not an amendment subject to s. 718.110(4).

694 Section 9. Section 718.406, Florida Statutes, is created to
695 read:

696 718.406 Condominiums created within condominium parcels.—

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697 (1) Unless otherwise expressed in the declaration of
 698 condominium, if a condominium is created within a condominium
 699 parcel, the term:

700 (a) "Primary condominium" means any condominium that is not
 701 a secondary condominium and contains one or more subdivided
 702 units.

703 (b) "Primary condominium association" means any entity that
 704 operates a primary condominium.

705 (c) "Primary condominium declaration" means the instrument
 706 or instruments by which a primary condominium is created, as
 707 they are from time to time amended.

708 (d) "Secondary condominium" means one or more condominium
 709 parcels that have been submitted to condominium ownership
 710 pursuant to a secondary condominium declaration.

711 (e) "Secondary condominium association" means any entity
 712 responsible for the operation of a secondary condominium.

713 (f) "Secondary condominium declaration" means the
 714 instrument or instruments by which a secondary condominium is
 715 created, as they are from time to time amended.

716 (g) "Subdivided unit" means a condominium parcel in a
 717 primary condominium that has been submitted to condominium
 718 ownership pursuant to a secondary condominium declaration.

719 (2) Unless otherwise provided in the primary condominium
 720 declaration, if a condominium parcel is a subdivided unit, the
 721 secondary condominium association governing the secondary
 722 condominium containing the subdivided unit shall act on behalf
 723 of the unit owners of units in the subdivided unit and shall
 724 exercise all rights of the unit owners of units in the
 725 subdivided unit in the primary condominium association other

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726 than the right of possession of such unit. The designated
 727 representative of the secondary condominium association shall
 728 cast the vote of the subdivided unit in the primary condominium
 729 association and, if no person is designated by the secondary
 730 condominium association to cast such vote, the vote shall be
 731 cast by the president of the secondary condominium association
 732 or the designee of the president.

733 (3) Unless otherwise provided in the primary condominium
 734 declaration, if a condominium parcel in the primary condominium
 735 is being submitted for condominium ownership, then the consent
 736 of the primary condominium association responsible for the
 737 operation of the condominium containing such condominium parcel
 738 is not required to create the secondary condominium on such
 739 condominium parcel.

740 (4) If the primary condominium declaration requires the
 741 consent of the primary condominium association to create a
 742 secondary condominium in a condominium parcel within the primary
 743 condominium, then, unless otherwise provided in the primary
 744 condominium declaration, only the approval of a majority of the
 745 board of administration of the primary condominium association
 746 is required for such consent. Unless otherwise provided in the
 747 primary condominium declaration, neither consent of the unit
 748 owners of, nor the lienholders on, any condominium parcels in
 749 the primary condominium that are not subdivided units are
 750 required to approve the secondary condominium declaration.
 751 Approval is required for the execution of a secondary
 752 condominium declaration by the owner of the subdivided unit and
 753 any lienholder on the subdivided unit.

754 (5) An owner of a condominium parcel in a subdivided unit

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755 is subject to both the primary condominium declaration and the
756 secondary condominium declaration.

757 (6) The primary condominium association may provide
758 insurance required by s. 718.111(11) for common elements and
759 other improvements within the secondary condominium if the
760 primary condominium declaration permits the primary condominium
761 association to provide such insurance for the benefit of the
762 condominium property included in the subdivided unit, in lieu of
763 such insurance being provided by the secondary condominium
764 association.

765 (7) Unless otherwise provided in the primary condominium
766 declaration, the board of administration of the primary
767 condominium association may adopt hurricane shutter or hurricane
768 protection specifications for each building within which
769 subdivided units are located and govern any subdivided units in
770 the primary condominium.

771 (8) Any unit owner of, or holder of a first mortgage on, a
772 unit in a secondary condominium may register such unit owner's
773 or mortgagee's interest in the secondary condominium with the
774 primary condominium association by written notice to the primary
775 condominium association. Once registered, the primary
776 condominium association must provide written notice to such unit
777 owner and his or her mortgagee at least 30 days before
778 instituting any foreclosure action against the subdivided unit
779 in which the unit owner or his and her mortgagee holds an
780 interest for failure to pay any assessments or other amounts due
781 the primary condominium association. A foreclosure action
782 against a subdivided unit is not effective without an affidavit
783 indicating that written notice of the foreclosure was timely

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784 sent to the names and addresses of unit owners and first
785 mortgagees registered with the primary condominium association
786 pursuant to this subsection. The registered unit owner or
787 mortgagee has a right to pay the proportionate amount of the
788 delinquent assessment attributable to the unit in which the
789 registered unit owner or mortgagee holds an interest. Upon such
790 payment, the primary condominium association shall release the
791 lien of the primary condominium association of record against
792 such unit. Alternatively, such registered unit owner or
793 mortgagee may pay the amount of all delinquent assessments
794 attributed to the subdivided unit and seek reimbursement for all
795 such amounts paid and all costs incurred from the secondary
796 condominium association, including, without limitation, the
797 costs of collection other than the share allocable to the unit
798 on behalf of which such payment was made.

799 (9) In the event of a conflict between the primary
800 condominium declaration and the secondary condominium
801 declaration, the primary condominium declaration controls.

802 (10) All common expenses due the primary condominium
803 association with respect to a subdivided unit are a common
804 expense of the secondary condominium association and shall be
805 collected by the secondary condominium association from its
806 members and paid to the primary condominium association.

807 Section 10. Subsection (2) of section 718.5011, Florida
808 Statutes, is amended to read:

809 718.5011 Ombudsman; appointment; administration.—

810 (2) The Governor shall appoint the ombudsman. The ombudsman
811 must be an attorney admitted to practice before the Florida
812 Supreme Court and shall serve at the pleasure of the Governor. A

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 813 vacancy in the office shall be filled in the same manner as the
 814 original appointment. An officer or full-time employee of the
 815 ombudsman's office may not actively engage in any other business
 816 or profession that directly or indirectly relates to or
 817 conflicts with his or her work in the ombudsman's office; serve
 818 as the representative of any political party, executive
 819 committee, or other governing body of a political party; serve
 820 as an executive, officer, or employee of a political party;
 821 receive remuneration for activities on behalf of any candidate
 822 for public office; or engage in soliciting votes or other
 823 activities on behalf of a candidate for public office. The
 824 ombudsman or any employee of his or her office may not become a
 825 candidate for election to public office unless he or she first
 826 resigns from his or her office or employment.

827 Section 11. Section 718.707, Florida Statutes, is amended
 828 to read:

829 718.707 Time limitation for classification as bulk assignee
 830 or bulk buyer.—A person acquiring condominium parcels may not be
 831 classified as a bulk assignee or bulk buyer unless the
 832 condominium parcels were acquired on or after July 1, 2010, but
 833 before July 1, 2015 ~~2012~~. The date of such acquisition shall be
 834 determined by the date of recording a deed or other instrument
 835 of conveyance for such parcels in the public records of the
 836 county in which the condominium is located, or by the date of
 837 issuing a certificate of title in a foreclosure proceeding with
 838 respect to such condominium parcels.

839 Section 12. Paragraph (c) of subsection (2) of section
 840 719.104, Florida Statutes, is amended to read:

841 719.104 Cooperatives; access to units; records; financial

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 842 reports; assessments; purchase of leases.—
 843 (2) OFFICIAL RECORDS.—
 844 (c) The official records of the association shall be open
 845 to inspection by any association member or the authorized
 846 representative of such member at all reasonable times. Failure
 847 to permit inspection of the association records as provided in
 848 this subsection ~~herein~~ entitles any person prevailing in an
 849 enforcement action to recover reasonable attorney ~~attorney's~~
 850 fees from the person in control of the records who, directly or
 851 indirectly, knowingly denies access to the records for
 852 inspection. The right to inspect the records includes the right
 853 to make or obtain copies, at the reasonable expense, if any, of
 854 the association member. The association may adopt reasonable
 855 rules regarding the frequency, time, location, notice, and
 856 manner of record inspections and copying. The failure of an
 857 association to provide the records within 10 working days after
 858 receipt of a written request creates a rebuttable presumption
 859 that the association willfully failed to comply with this
 860 paragraph. A unit owner who is denied access to official records
 861 is entitled to the actual damages or minimum damages for the
 862 association's willful failure to comply with this paragraph. The
 863 minimum damages shall be \$50 per calendar day up to 10 days, the
 864 calculation to begin on the 11th day after receipt of the
 865 written request. The association shall maintain an adequate
 866 number of copies of the declaration, articles of incorporation,
 867 bylaws, and rules, and all amendments to each of the foregoing,
 868 as well as the question and answer sheet provided for in s.
 869 719.504, on the cooperative property to ensure their
 870 availability to unit owners and prospective purchasers, and may

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871 charge its actual costs for preparing and furnishing these
872 documents to those requesting the same. Notwithstanding ~~the~~
873 ~~provisions of~~ this paragraph, the following records shall not be
874 accessible to unit owners:

875 1. Any record protected by the lawyer-client privilege as
876 provided in s. 90.502; protected by the work-product privilege,
877 including any record ~~A record that was~~ prepared by an
878 association attorney or prepared at the attorney's express
879 direction; reflecting that reflects a mental impression,
880 conclusion, litigation strategy, or legal theory of the attorney
881 or the association; or ~~that was~~ prepared exclusively for civil
882 or criminal litigation or for adversarial administrative
883 proceedings or in anticipation of imminent civil or criminal
884 litigation or imminent adversarial administrative proceedings,
885 until the conclusion of the litigation or adversarial
886 administrative proceedings.

887 2. Information obtained by an association in connection
888 with the approval of the lease, sale, or other transfer of a
889 unit.

890 3. Medical records of unit owners.

891 4. Personnel records of association employees, including,
892 but not limited to, disciplinary, payroll, health, and insurance
893 records. For purposes of this subparagraph, the term "personnel
894 records" does not include written employment agreements with an
895 association employee or budgetary or financial records that
896 indicate the compensation paid to an association employee.

897 5. Social security numbers, driver license numbers, credit
898 card numbers, e-mail addresses, telephone numbers, emergency
899 contact information, any addresses of a unit owner other than

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900 addresses provided to fulfill the association's notice
901 requirements, and other personal identifying information of any
902 person, excluding the person's name, unit designation, mailing
903 address, and property address.

904 6. Any electronic security measures that are used by the
905 association to safeguard data, including passwords.

906 7. The software and operating system used by the
907 association which allows manipulation of data, even if the owner
908 owns a copy of the same software used by the association. The
909 data is part of the official records of the association.

910 Section 13. Subsection (7) is added to section 719.1055,
911 Florida Statutes, to read:

912 719.1055 Amendment of cooperative documents; alteration and
913 acquisition of property.—

914 (7) The Legislature finds that the procurement of mortgagee
915 consent to amendments that do not affect the rights or interests
916 of mortgagees is an unreasonable and substantial logistical and
917 financial burden on the unit owners and that there is a
918 compelling state interest in enabling the members of an
919 association to approve amendments to the association's
920 cooperative documents through legal means. Accordingly, and
921 notwithstanding any provision to the contrary contained in this
922 subsection:

923 (a) As to any mortgage recorded on or after July 1, 2012,
924 any provision in the association's cooperative documents that
925 requires the consent or joinder of some or all mortgagees of
926 units or any other portion of the association's common areas to
927 amend the association's cooperative documents or for any other
928 matter is enforceable only as to amendments to the association's

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 929 cooperative documents that adversely affect the priority of the
 930 mortgagee's lien or the mortgagee's rights to foreclose its lien
 931 or that otherwise materially affect the rights and interests of
 932 the mortgagees.

933 (b) As to mortgages recorded before July 1, 2012, any
 934 existing provisions in the association's cooperative documents
 935 requiring mortgagee consent are enforceable.

936 (c) In securing consent or joinder, the association is
 937 entitled to rely upon the public records to identify the holders
 938 of outstanding mortgages. The association may use the address
 939 provided in the original recorded mortgage document, unless
 940 there is a different address for the holder of the mortgage in a
 941 recorded assignment or modification of the mortgage, which
 942 recorded assignment or modification must reference the official
 943 records book and page on which the original mortgage was
 944 recorded. Once the association has identified the recorded
 945 mortgages of record, the association shall, in writing, request
 946 of each unit owner whose unit is encumbered by a mortgage of
 947 record any information the owner has in his or her possession
 948 regarding the name and address of the person to whom mortgage
 949 payments are currently being made. Notice shall be sent to such
 950 person if the address provided in the original recorded mortgage
 951 document is different from the name and address of the mortgagee
 952 or assignee of the mortgage as shown by the public record. The
 953 association is deemed to have complied with this requirement by
 954 making the written request of the unit owners required under
 955 this paragraph. Any notices required to be sent to the
 956 mortgagees under this paragraph shall be sent to all available
 957 addresses provided to the association.

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 958 (d) Any notice to the mortgagees required under paragraph
 959 (c) may be sent by a method that establishes proof of delivery,
 960 and any mortgagee who fails to respond within 60 days after the
 961 date of mailing is deemed to have consented to the amendment.

962 (e) For those amendments requiring mortgagee consent on or
 963 after July 1, 2012, in the event mortgagee consent is provided
 964 other than by properly recorded joinder, such consent shall be
 965 evidenced by affidavit of the association recorded in the public
 966 records of the county in which the declaration is recorded.

967 (f) Any amendment adopted without the required consent of a
 968 mortgagee is voidable only by a mortgagee who was entitled to
 969 notice and an opportunity to consent. An action to void an
 970 amendment is subject to the statute of limitations beginning 5
 971 years after the date of discovery as to the amendments described
 972 in paragraph (a) and 5 years after the date of recordation of
 973 the certificate of amendment for all other amendments. This
 974 paragraph applies to all mortgages, regardless of the date of
 975 recordation of the mortgage.

976 Section 14. Paragraphs (d) and (f) of subsection (1) of
 977 section 719.106, Florida Statutes, are amended to read:

978 719.106 Bylaws; cooperative ownership.—

979 (1) MANDATORY PROVISIONS.—The bylaws or other cooperative
 980 documents shall provide for the following, and if they do not,
 981 they shall be deemed to include the following:

982 (d) *Shareholder meetings*.—There shall be an annual meeting
 983 of the shareholders. All members of the board of administration
 984 shall be elected at the annual meeting unless the bylaws provide
 985 for staggered election terms or for their election at another
 986 meeting. Any unit owner desiring to be a candidate for board

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987 membership must comply with subparagraph 1. The bylaws must
 988 provide the method for calling meetings, including annual
 989 meetings. Written notice, which must incorporate an
 990 identification of agenda items, shall be given to each unit
 991 owner at least 14 days before the annual meeting and posted in a
 992 conspicuous place on the cooperative property at least 14
 993 continuous days preceding the annual meeting. Upon notice to the
 994 unit owners, the board must by duly adopted rule designate a
 995 specific location on the cooperative property upon which all
 996 notice of unit owner meetings are posted. In lieu of or in
 997 addition to the physical posting of the meeting notice, the
 998 association may, by reasonable rule, adopt a procedure for
 999 conspicuously posting and repeatedly broadcasting the notice and
 1000 the agenda on a closed-circuit cable television system serving
 1001 the cooperative association. However, if broadcast notice is
 1002 used in lieu of a posted notice, the notice and agenda must be
 1003 broadcast at least four times every broadcast hour of each day
 1004 that a posted notice is otherwise required under this section.
 1005 If broadcast notice is provided, the notice and agenda must be
 1006 broadcast in a manner and for a sufficient continuous length of
 1007 time to allow an average reader to observe the notice and read
 1008 and comprehend the entire content of the notice and the agenda.
 1009 Unless a unit owner waives in writing the right to receive
 1010 notice of the annual meeting, the notice of the annual meeting
 1011 must be sent by mail, hand delivered, or electronically
 1012 transmitted to each unit owner. An officer of the association
 1013 must provide an affidavit or United States Postal Service
 1014 certificate of mailing, to be included in the official records
 1015 of the association, affirming that notices of the association

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1016 meeting were mailed, hand delivered, or electronically
 1017 transmitted, in accordance with this provision, to each unit
 1018 owner at the address last furnished to the association.
 1019 1. The board of administration shall be elected by written
 1020 ballot or voting machine. A proxy may not be used in electing
 1021 the board of administration in general elections or elections to
 1022 fill vacancies caused by recall, resignation, or otherwise
 1023 unless otherwise provided in this chapter.
 1024 a. At least 60 days before a scheduled election, the
 1025 association shall mail, deliver, or transmit, whether by
 1026 separate association mailing, delivery, or electronic
 1027 transmission or included in another association mailing,
 1028 delivery, or electronic transmission, including regularly
 1029 published newsletters, to each unit owner entitled to vote, a
 1030 first notice of the date of the election. Any unit owner or
 1031 other eligible person desiring to be a candidate for the board
 1032 of administration must give written notice to the association at
 1033 least 40 days before a scheduled election. Together with the
 1034 written notice and agenda as set forth in this section, the
 1035 association shall mail, deliver, or electronically transmit a
 1036 second notice of election to all unit owners entitled to vote,
 1037 together with a ballot ~~that which~~ lists all candidates. Upon
 1038 request of a candidate, the association shall include an
 1039 information sheet, no larger than 8 1/2 inches by 11 inches,
 1040 which must be furnished by the candidate at least 35 days before
 1041 the election, to be included with the mailing, delivery, or
 1042 electronic transmission of the ballot, with the costs of
 1043 mailing, delivery, or transmission and copying to be borne by
 1044 the association. The association is not liable for the contents

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 1045 of the information sheets provided by the candidates. In order
 1046 to reduce costs, the association may print or duplicate the
 1047 information sheets on both sides of the paper. The division
 1048 shall by rule establish voting procedures consistent with this
 1049 subparagraph, including rules establishing procedures for giving
 1050 notice by electronic transmission and rules providing for the
 1051 secrecy of ballots. Elections shall be decided by a plurality of
 1052 those ballots cast. There is no quorum requirement. However, at
 1053 least 20 percent of the eligible voters must cast a ballot in
 1054 order to have a valid election. A unit owner may not permit any
 1055 other person to vote his or her ballot, and any such ballots
 1056 improperly cast are invalid. A unit owner who needs assistance
 1057 in casting the ballot for the reasons stated in s. 101.051 may
 1058 obtain assistance in casting the ballot. Any unit owner
 1059 violating this provision may be fined by the association in
 1060 accordance with s. 719.303. The regular election must occur on
 1061 the date of the annual meeting. This subparagraph does not apply
 1062 to timeshare cooperatives. Notwithstanding this subparagraph, an
 1063 election and balloting are not required unless more candidates
 1064 file a notice of intent to run or are nominated than vacancies
 1065 exist on the board. Any challenge to the election process must
 1066 be commenced within 60 days after the election results are
 1067 announced.

1068 b. Within 90 days after being elected or appointed to the
 1069 board, each new director shall certify in writing to the
 1070 secretary of the association that he or she has read the
 1071 association's bylaws, articles of incorporation, proprietary
 1072 lease, and current written policies; that he or she will work to
 1073 uphold such documents and policies to the best of his or her

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 1074 ability; and that he or she will faithfully discharge his or her
 1075 fiduciary responsibility to the association's members. Within 90
 1076 days after being elected or appointed to the board, in lieu of
 1077 this written certification, the newly elected or appointed
 1078 director may submit a certificate of having satisfactorily
 1079 completed the educational curriculum administered by an
 1080 education provider as approved by the division pursuant to the
 1081 requirements established in chapter 718 within 1 year before or
 1082 90 days after the date of election or appointment. The
 1083 educational certificate is valid and does not have to be
 1084 resubmitted as long as the director serves on the board without
 1085 interruption. A director who fails to timely file the written
 1086 certification or educational certificate is suspended from
 1087 service on the board until he or she complies with this sub-
 1088 subparagraph. The board may temporarily fill the vacancy during
 1089 the period of suspension. The secretary shall cause the
 1090 association to retain a director's written certification or
 1091 educational certificate for inspection by the members for 5
 1092 years after a director's election or the duration of the
 1093 director's uninterrupted tenure, whichever is longer. Failure to
 1094 have such written certification or educational certificate on
 1095 file does not affect the validity of any board action.

1096 2. Any approval by unit owners called for by this chapter,
 1097 or the applicable cooperative documents, must be made at a duly
 1098 noticed meeting of unit owners and is subject to this chapter or
 1099 the applicable cooperative documents relating to unit owner
 1100 decisionmaking, except that unit owners may take action by
 1101 written agreement, without meetings, on matters for which action
 1102 by written agreement without meetings is expressly allowed by

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1103 the applicable cooperative documents or law which provides for
1104 the unit owner action.

1105 3. Unit owners may waive notice of specific meetings if
1106 allowed by the applicable cooperative documents or law. If
1107 authorized by the bylaws, notice of meetings of the board of
1108 administration, shareholder meetings, except shareholder
1109 meetings called to recall board members under paragraph (f), and
1110 committee meetings may be given by electronic transmission to
1111 unit owners who consent to receive notice by electronic
1112 transmission.

1113 4. Unit owners have the right to participate in meetings of
1114 unit owners with reference to all designated agenda items.
1115 However, the association may adopt reasonable rules governing
1116 the frequency, duration, and manner of unit owner participation.

1117 5. Any unit owner may tape record or videotape meetings of
1118 the unit owners subject to reasonable rules adopted by the
1119 division.

1120 6. Unless otherwise provided in the bylaws, a vacancy
1121 occurring on the board before the expiration of a term may be
1122 filled by the affirmative vote of the majority of the remaining
1123 directors, even if the remaining directors constitute less than
1124 a quorum, or by the sole remaining director. In the alternative,
1125 a board may hold an election to fill the vacancy, in which case
1126 the election procedures must conform to the requirements of
1127 subparagraph 1. unless the association has opted out of the
1128 statutory election process, in which case the bylaws of the
1129 association control. Unless otherwise provided in the bylaws, a
1130 board member appointed or elected under this subparagraph shall
1131 fill the vacancy for the unexpired term of the seat being

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1132 filled. Filling vacancies created by recall is governed by
1133 paragraph (f) and rules adopted by the division.

1134
1135 Notwithstanding subparagraphs (b)2. and (d)1., an association
1136 may, by the affirmative vote of a majority of the total voting
1137 interests, provide for a different voting and election procedure
1138 in its bylaws, which vote may be by a proxy specifically
1139 delineating the different voting and election procedures. The
1140 different voting and election procedures may provide for
1141 elections to be conducted by limited or general proxy.

1142 (f) *Recall of board members.*—Subject to ~~the provisions of~~
1143 s. 719.301, any member of the board of administration may be
1144 recalled and removed from office with or without cause by the
1145 vote or agreement in writing by a majority of all the voting
1146 interests. A special meeting of the voting interests to recall
1147 any member of the board of administration may be called by 10
1148 percent of the unit owners giving notice of the meeting as
1149 required for a meeting of unit owners, and the notice shall
1150 state the purpose of the meeting. Electronic transmission may
1151 not be used as a method of giving notice of a meeting called in
1152 whole or in part for this purpose.

1153 1. If the recall is approved by a majority of all voting
1154 interests by a vote at a meeting, the recall shall be effective
1155 as provided in this paragraph ~~herein~~. The board shall duly
1156 notice and hold a board meeting within 5 full business days
1157 after ~~of~~ the adjournment of the unit owner meeting to recall one
1158 or more board members. At the meeting, the board shall either
1159 certify the recall, in which case such member or members shall
1160 be recalled effective immediately and shall turn over to the

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1161 board within 5 full business days any and all records and
 1162 property of the association in their possession, or shall
 1163 proceed as set forth in subparagraph 3.

1164 2. If the proposed recall is by an agreement in writing by
 1165 a majority of all voting interests, the agreement in writing or
 1166 a copy thereof shall be served on the association by certified
 1167 mail or by personal service in the manner authorized by chapter
 1168 48 and the Florida Rules of Civil Procedure. The board of
 1169 administration shall duly notice and hold a meeting of the board
 1170 within 5 full business days after receipt of the agreement in
 1171 writing. At the meeting, the board shall either certify the
 1172 written agreement to recall members of the board, in which case
 1173 such members shall be recalled effective immediately and shall
 1174 turn over to the board, within 5 full business days, any and all
 1175 records and property of the association in their possession, or
 1176 proceed as described in subparagraph 3.

1177 3. If the board determines not to certify the written
 1178 agreement to recall members of the board, or does not certify
 1179 the recall by a vote at a meeting, the board shall, within 5
 1180 full business days after the board meeting, file with the
 1181 division a petition for binding arbitration pursuant to the
 1182 procedures of s. 719.1255. For purposes of this paragraph, the
 1183 unit owners who voted at the meeting or who executed the
 1184 agreement in writing shall constitute one party under the
 1185 petition for arbitration. If the arbitrator certifies the recall
 1186 as to any member of the board, the recall shall be effective
 1187 upon mailing of the final order of arbitration to the
 1188 association. If the association fails to comply with the order
 1189 of the arbitrator, the division may take action pursuant to s.

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1190 719.501. Any member so recalled shall deliver to the board any
 1191 and all records and property of the association in the member's
 1192 possession within 5 full business days after ~~of~~ the effective
 1193 date of the recall.

1194 4. If the board fails to duly notice and hold a board
 1195 meeting within 5 full business days after ~~of~~ service of an
 1196 agreement in writing or within 5 full business days after ~~of~~ the
 1197 adjournment of the unit owner recall meeting, the recall shall
 1198 be deemed effective and the board members so recalled shall
 1199 immediately turn over to the board any and all records and
 1200 property of the association.

1201 5. If the board fails to duly notice and hold the required
 1202 meeting or fails to file the required petition, the unit owner
 1203 representative may file a petition pursuant to s. 719.1255
 1204 challenging the board's failure to act. The petition must be
 1205 filed within 60 days after the expiration of the applicable 5-
 1206 full-business-day period. The review of a petition under this
 1207 subparagraph is limited to the sufficiency of service on the
 1208 board and the facial validity of the written agreement or
 1209 ballots filed.

1210 ~~6.5-~~ If a vacancy occurs on the board as a result of a
 1211 recall and less than a majority of the board members are
 1212 removed, the vacancy may be filled by the affirmative vote of a
 1213 majority of the remaining directors, notwithstanding any
 1214 provision to the contrary contained in this chapter. If
 1215 vacancies occur on the board as a result of a recall and a
 1216 majority or more of the board members are removed, the vacancies
 1217 shall be filled in accordance with procedural rules to be
 1218 adopted by the division, which rules need not be consistent with

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1219 this chapter. The rules must provide procedures governing the
1220 conduct of the recall election as well as the operation of the
1221 association during the period after a recall but prior to the
1222 recall election.

1223 7. A board member who has been recalled may file a petition
1224 pursuant to s. 719.1255 challenging the validity of a recall.
1225 The petition must be filed within 60 days after the recall is
1226 deemed certified. The association and the unit owner
1227 representative shall be named as the respondents.

1228 8. The division may not accept for filing a recall
1229 petition, whether filed pursuant to subparagraph 1.,
1230 subparagraph 2., subparagraph 5., or subparagraph 7. and
1231 regardless of whether the recall was certified, when there are
1232 60 or fewer days until the scheduled reelection of the board
1233 member sought to be recalled or when 60 or fewer days have not
1234 elapsed since the election of the board member sought to be
1235 recalled.

1236 Section 15. Paragraph (a) of subsection (3) and subsection
1237 (5) of section 719.303, Florida Statutes, are amended to read:

1238 719.303 Obligations of owners.—

1239 (3) The association may levy reasonable fines for failure
1240 of the unit owner or the unit's occupant, licensee, or invitee
1241 to comply with any provision of the cooperative documents or
1242 reasonable rules of the association. A fine may not become a
1243 lien against a unit. A fine may be levied on the basis of each
1244 day of a continuing violation, with a single notice and
1245 opportunity for hearing. However, the fine may not exceed \$100
1246 per violation, or \$1,000 in the aggregate.

1247 (a) An association may suspend, for a reasonable period of

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1248 time, the right of a unit owner, or a unit owner's tenant,
1249 guest, or invitee, to use the common elements, common
1250 facilities, or any other association property for failure to
1251 comply with any provision of the cooperative documents or
1252 reasonable rules of the association. This paragraph does not
1253 apply to limited common elements intended to be used only by
1254 that unit, common elements needed to access the unit, utility
1255 services provided to the unit, parking spaces, or elevators.

1256 (5) An association may suspend the voting rights of a unit
1257 or member due to nonpayment of any monetary obligation due to
1258 the association which is more than 90 days delinquent.
1259 Notwithstanding an association's cooperative documents, the
1260 requirements to establish a quorum, conduct an election, or
1261 obtain membership approval on actions under this chapter or
1262 pursuant to the association's cooperative documents shall be
1263 reduced by the number of suspended voting interests or consent
1264 rights. A voting interest or consent right allocated to a unit
1265 or member which has been suspended by the association may not be
1266 counted towards the total number of voting interests for any
1267 purpose, including, but not limited to, the number of voting
1268 interests necessary to constitute a quorum, the number of voting
1269 interests required to conduct an election, or the number of
1270 voting interests required to approve an action under this
1271 chapter or pursuant to the cooperative documents, articles of
1272 incorporation, or bylaws. The suspension ends upon full payment
1273 of all obligations currently due or overdue the association. The
1274 notice and hearing requirements under subsection (3) do not
1275 apply to a suspension imposed under this subsection.

1276 Section 16. Paragraph (c) of subsection (5) and subsection

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1277 (10) of section 720.303, Florida Statutes, are amended to read:
 1278 720.303 Association powers and duties; meetings of board;
 1279 official records; budgets; financial reporting; association
 1280 funds; recalls.-

1281 (5) INSPECTION AND COPYING OF RECORDS.—The official records
 1282 shall be maintained within the state and must be open to
 1283 inspection and available for photocopying by members or their
 1284 authorized agents at reasonable times and places within 10
 1285 business days after receipt of a written request for access.
 1286 This subsection may be complied with by having a copy of the
 1287 official records available for inspection or copying in the
 1288 community. If the association has a photocopy machine available
 1289 where the records are maintained, it must provide parcel owners
 1290 with copies on request during the inspection if the entire
 1291 request is limited to no more than 25 pages.

1292 (c) The association may adopt reasonable written rules
 1293 governing the frequency, time, location, notice, records to be
 1294 inspected, and manner of inspections, but may not require a
 1295 parcel owner to demonstrate any proper purpose for the
 1296 inspection, state any reason for the inspection, or limit a
 1297 parcel owner's right to inspect records to less than one 8-hour
 1298 business day per month. The association may impose fees to cover
 1299 the costs of providing copies of the official records,
 1300 including, without limitation, the costs of copying. The
 1301 association may charge up to 50 cents per page for copies made
 1302 on the association's photocopier. If the association does not
 1303 have a photocopy machine available where the records are kept,
 1304 or if the records requested to be copied exceed 25 pages in
 1305 length, the association may have copies made by an outside

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1306 vendor or association management company personnel and may
 1307 charge the actual cost of copying, including any reasonable
 1308 costs involving personnel fees and charges at an hourly rate for
 1309 vendor or employee time to cover administrative costs to the
 1310 vendor or association. The association shall maintain an
 1311 adequate number of copies of the recorded governing documents,
 1312 to ensure their availability to members and prospective members.
 1313 Notwithstanding this paragraph, the following records are not
 1314 accessible to members or parcel owners:

1315 1. Any record protected by the lawyer-client privilege as
 1316 described in s. 90.502 and any record protected by the work-
 1317 product privilege, including, but not limited to, a record
 1318 prepared by an association attorney or prepared at the
 1319 attorney's express direction which reflects a mental impression,
 1320 conclusion, litigation strategy, or legal theory of the attorney
 1321 or the association and which was prepared exclusively for civil
 1322 or criminal litigation or for adversarial administrative
 1323 proceedings or which was prepared in anticipation of such
 1324 litigation or proceedings until the conclusion of the litigation
 1325 or proceedings.

1326 2. Information obtained by an association in connection
 1327 with the approval of the lease, sale, or other transfer of a
 1328 parcel.

1329 3. Personnel records of association or management company
 1330 ~~the association's~~ employees, including, but not limited to,
 1331 disciplinary, payroll, health, and insurance records. For
 1332 purposes of this subparagraph, the term "personnel records" does
 1333 not include written employment agreements with an association or
 1334 management company employee or budgetary or financial records

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1335 that indicate the compensation paid to an association or
1336 management company employee.

1337 4. Medical records of parcel owners or community residents.

1338 5. Social security numbers, driver ~~driver's~~ license
1339 numbers, credit card numbers, electronic mailing addresses,
1340 telephone numbers, facsimile numbers, emergency contact
1341 information, any addresses for a parcel owner other than as
1342 provided for association notice requirements, and other personal
1343 identifying information of any person, excluding the person's
1344 name, parcel designation, mailing address, and property address.
1345 However, an owner may consent in writing to the disclosure of
1346 protected information described in this subparagraph. The
1347 association is not liable for the disclosure of information that
1348 is protected under this subparagraph if the information is
1349 included in an official record of the association and is
1350 voluntarily provided by an owner and not requested by the
1351 association.

1352 6. Any electronic security measure that is used by the
1353 association to safeguard data, including passwords.

1354 7. The software and operating system used by the
1355 association which allows the manipulation of data, even if the
1356 owner owns a copy of the same software used by the association.
1357 The data is part of the official records of the association.

1358 (10) RECALL OF DIRECTORS.—

1359 (a)1. Regardless of any provision to the contrary contained
1360 in the governing documents, subject to the provisions of s.
1361 720.307 regarding transition of association control, any member
1362 of the board of directors may be recalled and removed from
1363 office with or without cause by a majority of the total voting

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1364 interests.

1365 2. When the governing documents, including the declaration,
1366 articles of incorporation, or bylaws, provide that only a
1367 specific class of members is entitled to elect a board director
1368 or directors, only that class of members may vote to recall
1369 those board directors so elected.

1370 (b)1. Board directors may be recalled by an agreement in
1371 writing or by written ballot without a membership meeting. The
1372 agreement in writing or the written ballots, or a copy thereof,
1373 shall be served on the association by certified mail or by
1374 personal service in the manner authorized by chapter 48 and the
1375 Florida Rules of Civil Procedure.

1376 2. The board shall duly notice and hold a meeting of the
1377 board within 5 full business days after receipt of the agreement
1378 in writing or written ballots. At the meeting, the board shall
1379 either certify the written ballots or written agreement to
1380 recall a director or directors of the board, in which case such
1381 director or directors shall be recalled effective immediately
1382 and shall turn over to the board within 5 full business days any
1383 and all records and property of the association in their
1384 possession, or proceed as described in paragraph (d).

1385 3. When it is determined by the department pursuant to
1386 binding arbitration proceedings that an initial recall effort
1387 was defective, written recall agreements or written ballots used
1388 in the first recall effort and not found to be defective may be
1389 reused in one subsequent recall effort. However, in no event is
1390 a written agreement or written ballot valid for more than 120
1391 days after it has been signed by the member.

1392 4. Any rescission or revocation of a member's written

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1393 recall ballot or agreement must be in writing and, in order to
 1394 be effective, must be delivered to the association before the
 1395 association is served with the written recall agreements or
 1396 ballots.

1397 5. The agreement in writing or ballot shall list at least
 1398 as many possible replacement directors as there are directors
 1399 subject to the recall, when at least a majority of the board is
 1400 sought to be recalled; the person executing the recall
 1401 instrument may vote for as many replacement candidates as there
 1402 are directors subject to the recall.

1403 (c)1. If the declaration, articles of incorporation, or
 1404 bylaws specifically provide, the members may also recall and
 1405 remove a board director or directors by a vote taken at a
 1406 meeting. If so provided in the governing documents, a special
 1407 meeting of the members to recall a director or directors of the
 1408 board of administration may be called by 10 percent of the
 1409 voting interests giving notice of the meeting as required for a
 1410 meeting of members, and the notice shall state the purpose of
 1411 the meeting. Electronic transmission may not be used as a method
 1412 of giving notice of a meeting called in whole or in part for
 1413 this purpose.

1414 2. The board shall duly notice and hold a board meeting
 1415 within 5 full business days after the adjournment of the member
 1416 meeting to recall one or more directors. At the meeting, the
 1417 board shall certify the recall, in which case such member or
 1418 members shall be recalled effective immediately and shall turn
 1419 over to the board within 5 full business days any and all
 1420 records and property of the association in their possession, or
 1421 shall proceed as set forth in subparagraph (d).

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1422 (d) If the board determines not to certify the written
 1423 agreement or written ballots to recall a director or directors
 1424 of the board or does not certify the recall by a vote at a
 1425 meeting, the board shall, within 5 full business days after the
 1426 meeting, file with the department a petition for binding
 1427 arbitration pursuant to the applicable procedures in ss.
 1428 718.112(2)(j) and 718.1255 and the rules adopted thereunder. For
 1429 the purposes of this section, the members who voted at the
 1430 meeting or who executed the agreement in writing shall
 1431 constitute one party under the petition for arbitration. If the
 1432 arbitrator certifies the recall as to any director or directors
 1433 of the board, the recall will be effective upon mailing of the
 1434 final order of arbitration to the association. The director or
 1435 directors so recalled shall deliver to the board any and all
 1436 records of the association in their possession within 5 full
 1437 business days after the effective date of the recall.

1438 (e) If a vacancy occurs on the board as a result of a
 1439 recall and less than a majority of the board directors are
 1440 removed, the vacancy may be filled by the affirmative vote of a
 1441 majority of the remaining directors, notwithstanding any
 1442 provision to the contrary contained in this subsection or in the
 1443 association documents. If vacancies occur on the board as a
 1444 result of a recall and a majority or more of the board directors
 1445 are removed, the vacancies shall be filled by members voting in
 1446 favor of the recall; if removal is at a meeting, any vacancies
 1447 shall be filled by the members at the meeting. If the recall
 1448 occurred by agreement in writing or by written ballot, members
 1449 may vote for replacement directors in the same instrument in
 1450 accordance with procedural rules adopted by the division, which

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1451 rules need not be consistent with this subsection.

1452 (f) If the board fails to duly notice and hold a board
1453 meeting within 5 full business days after service of an
1454 agreement in writing or within 5 full business days after the
1455 adjournment of the member recall meeting, the recall shall be
1456 deemed effective and the board directors so recalled shall
1457 immediately turn over to the board all records and property of
1458 the association.

1459 (g) If the board fails to duly notice and hold the required
1460 meeting or fails to file the required petition, the unit owner
1461 representative may file a petition pursuant to s. 718.1255
1462 challenging the board's failure to act. The petition must be
1463 filed within 60 days after the expiration of the applicable 5-
1464 full-business-day period. The review of a petition under this
1465 paragraph is limited to the sufficiency of service on the board
1466 and the facial validity of the written agreement or ballots
1467 filed.

1468 (h)(g) If a director who is removed fails to relinquish his
1469 or her office or turn over records as required under this
1470 section, the circuit court in the county where the association
1471 maintains its principal office may, upon the petition of the
1472 association, summarily order the director to relinquish his or
1473 her office and turn over all association records upon
1474 application of the association.

1475 (i)(h) The minutes of the board meeting at which the board
1476 decides whether to certify the recall are an official
1477 association record. The minutes must record the date and time of
1478 the meeting, the decision of the board, and the vote count taken
1479 on each board member subject to the recall. In addition, when

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1480 the board decides not to certify the recall, as to each vote
1481 rejected, the minutes must identify the parcel number and the
1482 specific reason for each such rejection.

1483 (j)(i) When the recall of more than one board director is
1484 sought, the written agreement, ballot, or vote at a meeting
1485 shall provide for a separate vote for each board director sought
1486 to be recalled.

1487 (k) A board member who has been recalled may file a
1488 petition pursuant to ss. 718.112(2)(j) and 718.1255 and the
1489 rules adopted challenging the validity of the recall. The
1490 petition must be filed within 60 days after the recall is deemed
1491 certified. The association and the unit owner representative
1492 shall be named as respondents.

1493 (l) The division may not accept for filing a recall
1494 petition, whether filed pursuant to paragraph (b), paragraph
1495 (c), paragraph (g), or paragraph (k) and regardless of whether
1496 the recall was certified, when there are 60 or fewer days until
1497 the scheduled reelection of the board member sought to be
1498 recalled or when 60 or fewer days have not elapsed since the
1499 election of the board member sought to be recalled.

1500 Section 17. Subsections (2) and (4) of section 720.305,
1501 Florida Statutes, are amended to read:

1502 720.305 Obligations of members; remedies at law or in
1503 equity; levy of fines and suspension of use rights.—

1504 (2) The association may levy reasonable fines of up to \$100
1505 per violation against any member or any member's tenant, guest,
1506 or invitee for the failure of the owner of the parcel or its
1507 occupant, licensee, or invitee to comply with any provision of
1508 the declaration, the association bylaws, or reasonable rules of

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1509 the association. A fine may be levied for each day of a
 1510 continuing violation, with a single notice and opportunity for
 1511 hearing, except that the fine may not exceed \$1,000 in the
 1512 aggregate unless otherwise provided in the governing documents.
 1513 A fine of less than \$1,000 may not become a lien against a
 1514 parcel. In any action to recover a fine, the prevailing party is
 1515 entitled to reasonable ~~attorney~~ attorney's fees and costs from
 1516 the nonprevailing party as determined by the court.

1517 (a) An association may suspend, for a reasonable period of
 1518 time, the right of a member, or a member's tenant, guest, or
 1519 invitee, to use common areas and facilities for the failure of
 1520 the owner of the parcel or its occupant, licensee, or invitee to
 1521 comply with any provision of the declaration, the association
 1522 bylaws, or reasonable rules of the association. This paragraph
 1523 does not apply to that portion of common areas used to provide
 1524 access or utility services to the parcel. A suspension may not
 1525 impair the right of an owner or tenant of a parcel to have
 1526 vehicular and pedestrian ingress to and egress from the parcel,
 1527 including, but not limited to, the right to park.

1528 (b) A fine or suspension may not be imposed without at
 1529 least 14 days' notice to the person sought to be fined or
 1530 suspended and an opportunity for a hearing before a committee of
 1531 at least three members appointed by the board who are not
 1532 officers, directors, or employees of the association, or the
 1533 spouse, parent, child, brother, or sister of an officer,
 1534 director, or employee. If the committee, by majority vote, does
 1535 not approve a proposed fine or suspension, it may not be
 1536 imposed. If the association imposes a fine or suspension, the
 1537 association must provide written notice of such fine or

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1538 suspension by mail or hand delivery to the parcel owner and, if
 1539 applicable, to any tenant, licensee, or invitee of the parcel
 1540 owner.

1541 (4) An association may suspend the voting rights of a
 1542 parcel or member for the nonpayment of any monetary obligation
 1543 due ~~to~~ the association that is more than 90 days delinquent.
 1544 Notwithstanding an association's governing documents, the
 1545 requirements to establish a quorum, conduct an election, or
 1546 obtain membership approval on actions under this chapter or
 1547 pursuant to the association's governing documents shall be
 1548 reduced by the number of suspended voting interests or consent
 1549 rights. A voting interest or consent right allocated to a parcel
 1550 or member which has been suspended by the association may not be
 1551 counted towards the total number of voting interests for any
 1552 purpose, including, but not limited to, the number of voting
 1553 interests necessary to constitute a quorum, the number of voting
 1554 interests required to conduct an election, or the number of
 1555 voting interests required to approve an action under this
 1556 chapter or pursuant to the governing documents. The notice and
 1557 hearing requirements under subsection (2) do not apply to a
 1558 suspension imposed under this subsection. The suspension ends
 1559 upon full payment of all obligations currently due or overdue to
 1560 the association.

1561 Section 18. Paragraph (d) is added to subsection (1) of
 1562 section 720.306, Florida Statutes, and subsection (9) of that
 1563 section is amended, to read:

1564 720.306 Meetings of members; voting and election
 1565 procedures; amendments.—

1566 (1) QUORUM; AMENDMENTS.—

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1567 (d) The Legislature finds that the procurement of mortgagee
 1568 consent to amendments that do not affect the rights or interests
 1569 of mortgagees is an unreasonable and substantial logistical and
 1570 financial burden on the parcel owners and that there is a
 1571 compelling state interest in enabling the members of an
 1572 association to approve amendments to the association's governing
 1573 documents through legal means. Accordingly, and notwithstanding
 1574 any provision to the contrary contained in this paragraph:

1575 1. As to any mortgage recorded on or after July 1, 2012,
 1576 any provision in the association's governing documents that
 1577 requires the consent or joinder of some or all mortgagees of
 1578 parcels or any other portion of the association's common areas
 1579 to amend the association's governing documents or for any other
 1580 matter is enforceable only as to amendments to the association's
 1581 governing documents that adversely affect the priority of the
 1582 mortgagee's lien or the mortgagee's rights to foreclose its lien
 1583 or that otherwise materially affect the rights and interests of
 1584 the mortgagees.

1585 2. As to mortgages recorded before July 1, 2012, any
 1586 existing provisions in the association's governing documents
 1587 requiring mortgagee consent are enforceable.

1588 3. In securing consent or joinder, the association is
 1589 entitled to rely upon the public records to identify the holders
 1590 of outstanding mortgages. The association may use the address
 1591 provided in the original recorded mortgage document, unless
 1592 there is a different address for the holder of the mortgage in a
 1593 recorded assignment or modification of the mortgage, which
 1594 recorded assignment or modification must reference the official
 1595 records book and page on which the original mortgage was

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1596 recorded. Once the association has identified the recorded
 1597 mortgages of record, the association shall, in writing, request
 1598 of each parcel owner whose parcel is encumbered by a mortgage of
 1599 record any information the owner has in his or her possession
 1600 regarding the name and address of the person to whom mortgage
 1601 payments are currently being made. Notice shall be sent to such
 1602 person if the address provided in the original recorded mortgage
 1603 document is different from the name and address of the mortgagee
 1604 or assignee of the mortgage as shown by the public record. The
 1605 association is deemed to have complied with this requirement by
 1606 making the written request of the parcel owners required under
 1607 this subparagraph. Any notices required to be sent to the
 1608 mortgagees under this subparagraph shall be sent to all
 1609 available addresses provided to the association.

1610 4. Any notice to the mortgagees required under subparagraph
 1611 3. may be sent by a method that establishes proof of delivery,
 1612 and any mortgagee who fails to respond within 60 days after the
 1613 date of mailing is deemed to have consented to the amendment.

1614 5. For those amendments requiring mortgagee consent on or
 1615 after July 1, 2012, in the event mortgagee consent is provided
 1616 other than by properly recorded joinder, such consent shall be
 1617 evidenced by affidavit of the association recorded in the public
 1618 records of the county in which the declaration is recorded.

1619 6. Any amendment adopted without the required consent of a
 1620 mortgagee is voidable only by a mortgagee who was entitled to
 1621 notice and an opportunity to consent. An action to void an
 1622 amendment is subject to the statute of limitations beginning 5
 1623 years after the date of discovery as to the amendments described
 1624 in subparagraph 1. and 5 years after the date of recordation of

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 1625 the certificate of amendment for all other amendments. This
 1626 subparagraph applies to all mortgages, regardless of the date of
 1627 recordation of the mortgage.

1628 (9) ~~(a)~~ ELECTIONS AND BOARD VACANCIES.—

1629 (a) Elections of directors must be conducted in accordance
 1630 with the procedures set forth in the governing documents of the
 1631 association. All members of the association are eligible to
 1632 serve on the board of directors, and a member may nominate
 1633 himself or herself as a candidate for the board at a meeting
 1634 where the election is to be held or, if the election process
 1635 allows voting by absentee ballot, in advance of the balloting.
 1636 Except as otherwise provided in the governing documents, boards
 1637 of directors must be elected by a plurality of the votes cast by
 1638 eligible voters. Any challenge to the election process must be
 1639 commenced within 60 days after the election results are
 1640 announced.

1641 (b) A person who is delinquent in the payment of any fee,
 1642 fine, or other monetary obligation to the association for more
 1643 than 90 days is not eligible for board membership. A person who
 1644 has been convicted of any felony in this state or in a United
 1645 States District or Territorial Court, or has been convicted of
 1646 any offense in another jurisdiction which would be considered a
 1647 felony if committed in this state, is not eligible for board
 1648 membership unless such felon's civil rights have been restored
 1649 for at least 5 years as of the date on which such person seeks
 1650 election to the board. The validity of any action by the board
 1651 is not affected if it is later determined that a member of the
 1652 board is ineligible for board membership.

1653 (c) Any election dispute between a member and an

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 1654 association must be submitted to mandatory binding arbitration
 1655 with the division. Such proceedings must be conducted in the
 1656 manner provided by s. 718.1255 and the procedural rules adopted
 1657 by the division. Unless otherwise provided in the bylaws, any
 1658 vacancy occurring on the board before the expiration of a term
 1659 may be filled by an affirmative vote of the majority of the
 1660 remaining directors, even if the remaining directors constitute
 1661 less than a quorum, or by the sole remaining director. In the
 1662 alternative, a board may hold an election to fill the vacancy,
 1663 in which case the election procedures must conform to the
 1664 requirements of the governing documents. Unless otherwise
 1665 provided in the bylaws, a board member appointed or elected
 1666 under this section is appointed for the unexpired term of the
 1667 seat being filled. Filling vacancies created by recall is
 1668 governed by s. 720.303(10) and rules adopted by the division.

1669 (d) Within 90 days after being elected or appointed to the
 1670 board, each new director shall certify in writing to the
 1671 secretary of the association that he or she has read the
 1672 association's declaration of covenants' conditions and
 1673 restrictions, articles of incorporation, bylaws, and current
 1674 written policies; that he or she will work to uphold such
 1675 documents and policies to the best of his or her ability; and
 1676 that he or she will faithfully discharge his or her fiduciary
 1677 responsibility to the association's members. Within 90 days
 1678 after being elected or appointed to the board, in lieu of this
 1679 written certification, the newly elected or appointed director
 1680 may submit a certificate of having satisfactorily completed the
 1681 educational curriculum administered by a division-approved
 1682 education provider within 1 year before or 90 days after the

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 1683 date of election or appointment. The educational certificate is
 1684 valid and does not have to be resubmitted as long as the
 1685 director serves on the board without interruption. A director
 1686 who fails to timely file the written certification or
 1687 educational certificate is suspended from service on the board
 1688 until he or she complies with this paragraph. The board may
 1689 temporarily fill the vacancy during the period of suspension.
 1690 The secretary shall cause the association to retain a director's
 1691 written certification or educational certificate for inspection
 1692 by the members for 5 years after a director's election or the
 1693 duration of the director's tenure, whichever is longer. Failure
 1694 to have such written certification or educational certificate on
 1695 file does not affect the validity of any board action.

1696 Section 19. Paragraphs (b) and (d) of subsection (2) of
 1697 section 720.3085, Florida Statutes, are amended to read:

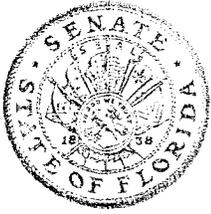
1698 720.3085 Payment for assessments; lien claims.—

1699 (2)

1700 (b) A parcel owner, regardless of how the parcel owner has
 1701 acquired title, including, but not limited to, by purchase at a
 1702 foreclosure sale, is jointly and severally liable with the
 1703 previous parcel owner for all unpaid assessments, late fees,
 1704 interest, costs, and reasonable attorney fees incurred by the
 1705 association in an attempt to collect all such amounts that came
 1706 due up to the time of transfer of title. This liability is
 1707 without prejudice to any right the present parcel owner may have
 1708 to recover any amounts paid by the present owner from the
 1709 previous owner.

1710 (d) An association, or its successor or assignee, that
 1711 acquires title to a parcel through the foreclosure of its lien

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 1712 for assessments is not liable for any unpaid assessments, late
 1713 fees, interest, or reasonable attorney ~~attorney's~~ fees and costs
 1714 that came due before the association's acquisition of title in
 1715 favor of any other association, as defined in s. 718.103(2) or
 1716 s. 720.301(9), which holds a ~~superior~~ lien interest on the
 1717 parcel. This paragraph is intended to clarify existing law.
 1718 Section 20. This act shall take effect July 1, 2012.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Budget - Subcommittee on Finance and Tax,
Chair
Budget
Budget - Subcommittee on Transportation, Tourism,
and Economic Development Appropriations
Communications, Energy, and Public Utilities
Education Pre-K - 12
Governmental Oversight and Accountability
Regulated Industries

JOINT COMMITTEE:

Administrative Procedures, *Alternating Chair*

SENATOR ELLYN SETNOR BOGDANOFF

25th District

October 19, 2011

Senator Dennis Jones, Chair
Senate Regulated Industries Committee
330 Knott Building
Tallahassee, FL 32399

Re: SB 386, Relating to Mobile Home Park Tenancies
SB 680, Relating to Residential Properties
SB 710, Relating to Gaming
SB 712, Relating to Destination Resort Trust Fund
SB 714, Relating to Public Records/State Gaming Commission

Chair Jones:

I am writing to request that you place the following bills on the agenda of your Regulated Industries Committee at your earliest convenience:

SB 386, Relating to Mobile Home Park Tenancies
SB 680, Relating to Residential Properties
SB 710, Relating to Gaming
SB 712, Relating to Destination Resort Trust Fund
SB 714, Relating to Public Records/State Gaming Commission

Feel free to contact me with any questions or concerns about this legislation.

Sincerely,

Senator Ellyn Setnor Bogdanoff
Florida Senate - District 25

cc: Patrick L. "Booter" Imhof, Staff Director

REPLY TO:

- 312 Clematis Street, Suite 403, West Palm Beach, FL 33401 (561) 650-6833
- 1845 Cordova Road, Suite 202, Fort Lauderdale, Florida 33316 (954) 467-4205
- 212 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5100

Senate's Website: www.flsenate.gov

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-26-12

Meeting Date

Topic Community Associations

Bill Number 680
(if applicable)

Name TRAVIS MOORE

Amendment Barcode _____
(if applicable)

Job Title _____

Address P.O. Box 781
Street

Phone 727-421-6902

Largo FL 33779
City State Zip

E-mail MOORET@TampaBay.NR.com

Speaking: For Against Information

Representing Community Association Leadership Lobby (CALL)

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/26/12

Meeting Date

Topic _____

Bill Number SB 680
(if applicable)

Name Diana Ferguson

Amendment Barcode _____
(if applicable)

Job Title Attorney

Address 119 S Monroe St

Phone 850-681-6788

Talco FL 32308
Street City State Zip

E-mail dferguson@regonlaw.com

Speaking: For Against Information

Representing Community Advocacy Network

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

CourtSmart Tag Report

Room: EL 110

Case:

Caption: Senate Regulated Industries Committee

Type:

Judge:

Started: 1/26/2012 1:36:03 PM

Ends: 1/26/2012 3:06:59 PM

Length: 01:30:57

1:36:09 PM Meeting called to order
1:36:15 PM Roll call
1:36:34 PM SB 246 - Senator Bennett
1:36:46 PM Senator Bennett to explain the bill
1:40:01 PM Late Filed Amendment - Senator Rich
1:40:17 PM Senator Rich to explain the amendment
1:41:13 PM Senator Bennett commenting
1:41:33 PM Amendment adopted
1:42:12 PM Mike Huey - FL Association of American Architects
1:49:28 PM Casey Cook, FL League of Cities
1:50:23 PM Carlos Beruff, representing himself and taxpayers
1:54:10 PM Brian Zettle, PSBI and Assoc. Builders and Contractors
1:56:48 PM Keith Arnold, Collier and Lee Counties and the city of Ft. Myers
2:02:19 PM Senator Bennett to close on SB 246
2:04:32 PM CS/SB 246 - Fails
2:05:09 PM CS/SB 600 - Senator Bennett
2:05:21 PM Senator Bennett to explain the bill
2:05:38 PM Late Filed Amendment - Senator Rich
2:05:59 PM Senator Bennett to explain the amendment
2:06:28 PM Amendment - Adopted
2:06:56 PM CS/CS/SB 600 - Passes
2:07:41 PM SB 1408 - Senator Gardiner
2:07:54 PM Senator Gardiner to explain the bill
2:08:06 PM Strike-all Amendment - Senaor Dean
2:08:23 PM Senator Gardiner to explain the amendment
2:09:39 PM Amendment - Adopted
2:10:29 PM CS/SB 1408 - Passes
2:11:03 PM SB 906 - Senator Hays
2:11:15 PM Paul Runk to explain the bill
2:11:29 PM Senator Rich with a question
2:11:47 PM Senator Dean with a question
2:12:16 PM Tim Nungesser, DBPR
2:12:47 PM SB 906 - Passes
2:13:11 PM SB 382 - Senator Sachs
2:13:23 PM Senator Sachs to explain the bill
2:13:38 PM Delete-all Amendment - Senator Sachs
2:13:53 PM Senator Sachs to explain the amendment
2:15:01 PM Amendment - 581326
2:15:17 PM Amendment #584332 - Senator Jones
2:15:43 PM Senator Jones to explain the amendment
2:17:21 PM Jack Cory - Florida Greyhound Association
2:19:05 PM Senator Sachs commenting
2:22:46 PM Carey Theil, GREY2K USA
2:26:20 PM Senator Braynon with questions
2:27:58 PM Senator Sachs to respond
2:29:25 PM Senator Dean with questions
2:30:35 PM Senator Thrasher commenting
2:31:42 PM Senator Braynon questiioning
2:32:46 PM Senator Jones to explain his amendment
2:33:57 PM Senator Altman questioning
2:34:41 PM Senator Sachs commenting
2:37:38 PM Senator Jones to close on the amendment

2:38:39 PM Amendment - Fails
2:39:55 PM Amendment - Senator Sachs
2:40:10 PM Amendment - Adopted
2:40:17 PM Late Filed Amendment - Senator Sachs
2:40:36 PM Senator Sachs to explain the amendment
2:41:37 PM Senator Jones questioning
2:42:29 PM Senator Bogdanoff questioning
2:43:16 PM Amendment - Adopted
2:44:02 PM Jack Cory, FL Greyhound Association
2:47:18 PM Senator Bogdanoff questioning
2:47:58 PM Senator Siplin questioning
2:49:20 PM Carey Theil, GREY2K USA
2:52:36 PM Senator Bogdanoff questioning
2:53:18 PM Senator Dean commenting
2:53:39 PM Senator Altman commenting
2:54:15 PM Senator Jones commenting
2:55:34 PM Senator Rich commenting
2:56:18 PM Senator Sachs to close on the bill
2:59:53 PM Senator Diaz de la Portilla
3:00:22 PM Amendment (Senator Jones) reconsidered
3:00:59 PM Amendment to the Amendment - Senator Jones, - Roll call
3:01:30 PM Amendment to the Amendment - Fails
3:02:09 PM Main admendment - adopted
3:02:25 PM CS/SB 382 - Passes
3:03:19 PM SB 680 - Senator Bogdanoff
3:03:34 PM Senator Bogdanoff to explain the bill
3:03:56 PM Late Filed Amendment #955374 - Senator Bogdanoff
3:04:20 PM Senator Bogdanoff to explain the amendment
3:05:06 PM Amendment - adopted
3:05:35 PM CS/SB 680 - Passes
3:06:03 PM Senator Diaz de la Portilla
3:06:18 PM Senator Jones commenting
3:06:39 PM Meeting adjourned