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Expiration Date 10/31/10

South Atlantic
Fishery Management Council

<p align="center">STATEMENT OF FINANCIAL INTERESTS</p> <p>For Use By Voting Members of, and Nominees to, the Regional Fishery Management Councils, and Members of the Scientific and Statistical Committee (SSC)</p>	<p>1) Name: <i>BENJAMIN M. CURRIE</i></p> <p>2) Council <i>So. Atl. Fish. Mgmt.</i></p> <p>3) Committee <i>Council</i></p>
<p>3) Position:</p> <p><input checked="" type="radio"/> Member</p> <p><input type="radio"/> Nominee</p>	<p>4) Type of filing:</p> <p><input type="radio"/> Original filing [if nominee]</p> <p><input checked="" type="radio"/> Supplementary filing [if seated member]</p> <p><input type="radio"/> Annual filing [if seated member]</p> <p><input type="radio"/> Original filing [if SSC Committee member]</p> <p><input type="radio"/> Annual filing [if SSC Committee member]</p>

GENERAL PROVISIONS AND INSTRUCTIONS

Authority to Require this Information

Pursuant to Section 302(j) of the Magnuson-Stevens Fishery Conservation and Management (Magnuson-Stevens Act) and the financial disclosure regulations at 50 C.F.R. 600.235, you are required to disclose your financial interests if you are appointed by a Council as a member of a Scientific and Statistical Committee under Section 302(g)(1), or nominated by the Governor of a State for appointment as a voting member of a Regional Fishery Management Council (Council), or if you are a voting member of a Council appointed by the Secretary of Commerce under Section 302(b)(2) or (b)(5) of the Magnuson-Stevens Act.

Disclosure Requirements

On the attached form, list the financial interests held by yourself, your spouse, minor child, or partner, and any organization in which you are serving as an officer, director, trustee, general partner, or employee in any harvesting, processing, lobbying, advocacy, or marketing activity that is being, or will be undertaken within any fishery over which the Council concerned has jurisdiction, or with respect to an individual or organization with a financial interest in such activity. The nature of your participation in each financial interest, such as ownership (percentage), directorship, employee, or contractor, must be identified. The information to be listed does not require a showing of the amount of financial interest. You must include a description, the date acquired or begun, for each such activity, of the fisheries participated in, the product type produced, and, where applicable, the gear type utilized. For example, if you own a one-third interest in a fishing vessel, your response might be: ABC Co., 15 Main Street, Brunswick, Georgia 31521; 4/25/2000; commercial fishing vessel "Miss AMY," ID - 123456; South Atlantic swordfish fishery, fresh swordfish, rod and reel; one-third ownership: John and Mary Doe (self and spouse). In the event any of the required information, including holdings placed in trust, is not known to you but is known to another person, you should request that other person to submit the information on your behalf and should report such request in the section titled "Information Requested of Other Persons."

Requests for Assistance or Additional Information

Refer to the financial disclosure regulations at 50 C.F.R. 600.235 for additional information. If you have any questions regarding the Statement of Financial Interests or related issues, please contact the Office of the Assistant General Counsel for Administration, U.S. Department of Commerce, 14th and Constitution Avenue, N.W., Room 5882, Washington, D.C. 20230, or telephone (202) 482-5384.

Paperwork Reduction Act

Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The public reporting burden for this collection of information, on this NOAA Form 88-195, is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to the National Marine Fisheries Service, Office of the Chief Information Officer (F/CIO), 1315 East-West Highway, SSMC #3, 3rd Floor, Silver Spring, Maryland 20910.

Public Access to Information

The Statement completed by voting members of the Regional Fishery Management Councils will be retained by the Council, made available on the Council Internet Site, and made available for public review at reasonable hours at the Council Office, and at each public hearing or public meeting.

FINANCIAL INTERESTS DISCLOSURE

NOTE: If you have no applicable financial interests to disclose, write "NONE" in the section below.

Company/Organization and Address Date acquired or begun:	Type of Company/Organization	Nature of Interest:
<i>NONE</i>		In Whose Name Held:
Fisheries/Species Participated In	Gear Type Utilized	Product Type Produced
Company/Organization and Address Date acquired or begun:	Type of Company/Organization	Nature of Interest:
		In Whose Name Held:
Fisheries/Species Participated In	Gear Type Utilized	Product Type Produced
Company/Organization and Address Date acquired or begun:	Type of Company/Organization	Nature of Interest:
		In Whose Name Held:
Fisheries/Species Participated In	Gear Type Utilized	Product Type Produced

NOTE: If none, write "NONE" in the section above.

PLEASE WRITE OR PRINT YOUR NAME, COUNCIL, OR COMMITTEE BELOW:

NAME:

BENJAMIN M. CURRIN

COUNCIL/COMMITTEE:

Sen. Atl. Fish. Mgmt. Council

Information Requested of Other Persons. If any information is to be supplied by other persons, e.g., trustee, attorney, accountant, or relative, please indicate the name and address of such persons, the date upon which you requested that the information be supplied and the nature of the subject matter involved.

IF YOU HAVE NO APPLICABLE INFORMATION TO DISCLOSE, WRITE "NONE" IN THE SECTION, BELOW.

Name and Address	Date of Request	Nature of Subject Matter
None		

NOTE: If none, write "NONE" in the section above.

Certification

I certify that the statements I have made are true complete and correct to the best of my knowledge and belief. I understand that if during the period of my appointment, I undertake new employment, I must promptly file an amended statement, and I must also report any new financial interests acquired during this period. I also certify that I am currently familiar with the statutes, regulations, and policies governing my responsibilities and conduct as applied to the duties I am assigned.

NOTE: PLEASE SIGN AND DATE THIS FORM, BELOW:

Signed: Benjamin M. Cusick

Dated: 12/26/08

Reset Form

