

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">10</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MR.</u> FIRST: <u>DENNIS</u> MI: <u>J</u> NICKNAME: _____ LAST: <u>Mc CANLESS</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 2492</u> <u>Fredericksburg, TX 78624</u>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(210) 887-1435</u>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MRS.</u> FIRST: <u>EDITH</u> MI: <u>L</u> NICKNAME: _____ LAST: <u>Mc CANLESS</u> SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>176 South Majestic View</u> <u>Fredericksburg, TX 78624</u>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(830) 377-1435</u>	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>03 / 28 / 2023</u> THROUGH <u>04 / 26 / 2023</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 06 / 2023</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>FREDERICKSBURG ISD BOARD TRUSTEE</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>DENNIS JOSEPH Mc CANLESS</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,402.68
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 892.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,132.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,610.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

(Signature)
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sheree Burrow this the 28 day of April,

2023, to certify which, witness my hand and seal of office.

Sheree Burrow Sheree Burrow Admin. Asst.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ✓	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,975.00
2. ✓	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 427.68
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5. ✓	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 892.35
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>4</i>
2 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>03-28-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KRISTA ALLEN</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>1125 Seven Falls Drive; Fredericksburg, TX 78624</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>04-03-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>W. DANIEL HEINZE</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 2429; Fredericksburg, Tx 78624</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>04-07-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TISHA CLEMENTS</i>	Amount of contribution (\$) <i>30.00</i>
Contributor address; City; State; Zip Code <i>306 West Ufer St; Fredericksburg, Tx 78624</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>04-08-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TAMESHA JUMPER</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 2235; Fredericksburg, Tx 78624</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>4</i>
2 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04-08-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DEBRA HABECKER</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>1302 N. Elm Street; Fredericksburg, Tx 78624</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>04-11-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRUCE CAMPBELL</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>14 Mustang Pkwy; Fredericksburg, Tx 78624</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>04-11-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAN O'LOUGHLIN</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>311 W San Antonio; Fredericksburg, Tx 78624</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>04-12-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOE MURPHY</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>1217 Cherry Mountain Loop; Fredericksburg, Tx 78624</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>4</i>
2 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04-12-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SONIA RIVERO</i>	7 Amount of contribution (\$) <i>20.00</i>
6 Contributor address; City; State; Zip Code <i>607 N Edison St; Fredericksburg, TX 78624</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>04-16-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DALE DITTMAR</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>14878 N US Hwy 87; Fredericksburg, Tx 78624</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>04-22-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SANARA SLATER</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1000 Wolf Pass; Fredericksburg, Tx 78624</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>04-24-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JEFF McCLARTY</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 1222; Fredericksburg, Tx 78624</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME <i>DENNIS JOSEPH Mc CANLESS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04-26-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LESLIE WHITE</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>1314 Countryside Bend; Fredericksburg, TX 78624</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>04-18-23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TERESA WEIRICH</i>	8 Amount of Contribution \$ <i>427.68</i>	9 In-kind contribution description <i>Campaign Meet & Greet Food & Drink</i>
7 Contributor address; City; State; Zip Code <i>819 Nixon Creek Rd; Fredericksburg, TX 78624</i>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>04-06-23</i>	5 Payee name <i>VICI MEDIA GROUP</i>
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6 Amount (\$) <i>448.35</i>	7 Payee address; City; State; Zip Code <i>5101 Bonnerville Bend; Austin, Tx 78744</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Campaign Web Development</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>04-17-23</i>	Payee name <i>LESLIE MORGAN</i>
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Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>156 Mesa Rd; Fredericksburg, Tx 78624</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Campaign Communications</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>04-24-23</i>	Payee name <i>USPS</i>
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Amount (\$) <i>96.00</i>	Payee address; City; State; Zip Code <i>1150 US-87 N; Fredericksburg, Tx 78624</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Campaign Postage</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

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1 Total pages Schedule F1: <i>2</i>	2 FILER NAME <i>DENNIS JOSEPH McCANLESS</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>04-25-23</i>	5 Payee name <i>USPS</i>
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6 Amount (\$) <i>48.00</i>	7 Payee address; City; State; Zip Code <i>1150 US-87 N; Fredericksburg, TX 78624</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Campaign Postage</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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