

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST David	MI
	NICKNAME	LAST Hernandez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; 253 E Round Grove Road	APT / SUITE #;	CITY; STATE; ZIP CODE Lewisville, TX 75067
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 995-3629
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Kimberly	MI
	NICKNAME	LAST Clark	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1051 College Parkway Lewisville, TX 75067		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 583-4323	EXTENSION
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 1 / 17 / 18 THROUGH 3 / 26 / 18 Month Day Year		
11 ELECTION	ELECTION DATE Month Day Year 5 / 5 / 18		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) LISD Board of Trustees place 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME David Hernandez 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

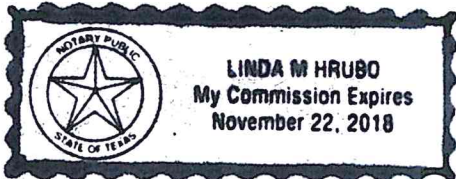
☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,330
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,146.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,183.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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.

David Hernandez
Signature of Candidate or Officeholder


AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Hernandez, this the 5th day of April, 20 18, to certify which, witness my hand and seal of office.

Linda M. Hruba Linda M. Hruba Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>David Hernandez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6,330</i>
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,146.55</i>
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

1/18/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Cipriano Hernandez

7 Amount of contribution (\$)

\$25⁰⁰

6 Contributor address;

City; State; Zip Code

Lewisville TX

8 Principal occupation / Job title (See Instructions)

Construction

9 Employer (See Instructions)

Green eagle roofing

Date

1/21/18

Full name of contributor

☐ out-of-state PAC (ID#:

Kye Dela-Houdez-Kendrick

Amount of contribution (\$)

\$25⁰⁰

Contributor address;

City; State; Zip Code

Lewisville TX

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Date

1/24/18

Full name of contributor

☐ out-of-state PAC (ID#:

Par Hniang

Amount of contribution (\$)

\$10⁰⁰

Contributor address;

City; State; Zip Code

Lewisville TX

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Date

1/24/18

Full name of contributor

☐ out-of-state PAC (ID#:

David Hernandez

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City; State; Zip Code

Lewisville TX

Principal occupation / Job title (See Instructions)

Student

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kyle Galbraith

7 Amount of contribution (\$)

\$300⁰⁰

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

1/30/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bonnie C. Clark

Amount of contribution (\$)

\$300⁰⁰

Contributor address;

City; State; Zip Code

Plano TX

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

1/31/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert L. Schmeltz

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City; State; Zip Code

Dallas TX

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/5/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frank Vaughan

Amount of contribution (\$)

\$20⁰⁰

Contributor address;

City; State; Zip Code

Lewisville TX

Principal occupation / Job title (See Instructions)

Human Resources

Employer (See Instructions)

AmeriFlight

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brian Long

7 Amount of contribution (\$)

\$25⁰⁰

6 Contributor address;

City; State; Zip Code

Keller TX

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

LISD

Date

2/20/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cipriano Hernandez

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City; State; Zip Code

Lewisville TX

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Green Eagle

Date

2/26/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Houshang Jahvani

Amount of contribution (\$)

\$200⁰⁰

Contributor address;

City; State; Zip Code

Carrollton TX

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Jahvani Engineers, Inc

Date

2/27/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Albiha Hernandez

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City; State; Zip Code

Lewisville TX

Principal occupation / Job title (See Instructions)

House Cleaning

Employer (See Instructions)

Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Cipriano Hernandez

7 Amount of contribution (\$)

\$800.00

6 Contributor address;

City; State; Zip Code

Lewisville TX

8 Principal occupation / Job title (See Instructions)

Construction

9 Employer (See Instructions)

Green Eagle

Date

3/13/18

Full name of contributor

☐ out-of-state PAC (ID#:

Cipriano Hernandez

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

Lewisville TX

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Green Eagle

Date

3/20/18

Full name of contributor

☐ out-of-state PAC (ID#:

Gail T. Robison

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

Lewisville TX

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/20/18

Full name of contributor

☐ out-of-state PAC (ID#:

Cipriano Hernandez

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

Lewisville TX

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Green Eagle

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/18

5 Full name of contributor

Greater Association
of Realtors

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$2,500⁰⁰

6 Contributor address;

City; State; Zip Code

Lewisville TX

8 Principal occupation / Job title (See Instructions)

Association

9 Employer (See Instructions)

Date

3/26/18

Full name of contributor

Maria Guadalupe Cisneros Hernandez

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City; State; Zip Code

Lewisville TX

Principal occupation / Job title (See Instructions)

Student / Unemployed

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME David Hernandez		3 Filer ID (Ethics Commission Filers)	
4 Date 1/22/18		5 Payee name Go Daddy			
6 Amount (\$) \$9.69		7 Payee address; City; State; Zip Code Arizona			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense Web site		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	
Date 2/1/18		Payee name Vista print			
Amount (\$) \$57.21		Payee address; City; State; Zip Code Massachusetts			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	
Date 2/22/18		Payee name Go Daddy			
Amount (\$) 25.55		Payee address; City; State; Zip Code Arizona			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense Web site		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>David Hernandez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name <i>Stripes / Revv</i>			
6 Amount (\$) <i>\$1.10</i>		7 Payee address; City; State; Zip Code <i>San Francisco, California</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Contribution Fee</i>		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	
Date <i>2/22/18</i>		Payee name <i>Crown trophy</i>			
Amount (\$) <i>10.28</i>		Payee address; City; State; Zip Code <i>Lewisville TX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense Name tag</i>		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	
Date <i>3/1/18</i>		Payee name <i>Fast Signs</i>			
Amount (\$) <i>\$1,353.13</i>		Payee address; City; State; Zip Code <i>Lewisville TX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME David Hernandez	3 Filer ID (Ethics Commission Filers)
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4 Date 3/2/18	5 Payee name Face book
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6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code California
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/12/18	Payee name Fast Signs
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Amount (\$) 1,353.12	Payee address; City; State; Zip Code Lewisville TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/14/18	Payee name Fast Signs
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Amount (\$) 270.63	Payee address; City; State; Zip Code Lewisville TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>David Hernandez</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>3/21/18</u>	5 Payee name <u>Face Book</u>
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6 Amount (\$) <u>\$36.54</u>	7 Payee address; City; State; Zip Code <u>California</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>3/26/18</u>	Payee name <u>Stripes / Revv</u>
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Amount (\$) <u>\$4.30</u>	Payee address; City; State; Zip Code <u>San Francisco, California</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contribution Fee</u>	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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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