

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Thelma L. NICKNAME LAST SUFFIX Rodriguez	OFFICE USE ONLY Date Received RECEIVED FEB 26 2018 KARA SANDS CLERK OF THE COUNTY COURT NUECES COUNTY TEXAS Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2428 Cricket Hollow Corpus Christi, Texas 78414		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 765-9797		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. John R. NICKNAME LAST SUFFIX Rodriguez	Receipt # Amount \$	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2428 Cricket Hollow Corpus Christi, Texas 78414		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 229-7979		
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 26 / 2018 THROUGH 02 / 24 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Justice of The Peace Precinct 2, Place 2	13 OFFICE SOUGHT (if known) Justice of The Peace Precinct 2, Place 2	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Thelma L. Rodriguez 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

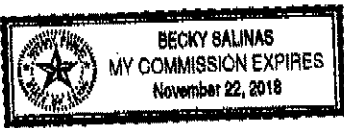
Additional Pages

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)	\$ 3,150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,025.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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.

Thelma L. Rodriguez
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thelma L. Rodriguez this the 26 day of February, 2018, to certify which, witness my hand and seal of office.

Becky Salinas Signature of officer administering oath
Becky Salinas Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH		FORM C/OH COVER SHEET PG 3
19 FILER NAME <i>Thelma L. Rodriguez</i>	20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$3,150.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$205.00	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$1,000.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$8,025.93	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> 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: 1 of 3
2 FILER NAME Thelma L. Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 2-4-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Canales 6 Contributor address; City; State; Zip Code 1374 Sandpiper Dr. Corpus Christi, TX. 78412	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-30-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Chesney Contributor address; City; State; Zip Code 5310 FOX GLOVE LANE CORPUS CHRISTI, TX. 78413	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-31-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Barroso Contributor address; City; State; Zip Code 5350 S. Staples, Suite 401 Corpus Christi, TX. 78411	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-7-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Dalton Contributor address; City; State; Zip Code 8002 Villefranche Dr Corpus Christi, Texas 78414	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 3
2 FILER NAME Thelma L. Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date: 2-7-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Mugaerza 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions)
Date 2-8-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spectrum Advisory Group Contributor address; City; State; Zip Code 1939 NE LOOP 410, Ste. 2033 San Antonio, TX. 78217	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-8-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hispanic Republicans of Texas Contributor address; City; State; Zip Code P.O. Box 28881 Austin, Texas 78755	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-10-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard H. Borchard Contributor address; City; State; Zip Code 481 Meyer Rd. Westhoff, TX. 77994	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 3
2 FILER NAME Thelma L. Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date 2-20-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance K. Bruun	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 711 N. Carancahua, Suite 11660 Corpus Christi, Texas 78401		
8 Principal occupation / Job title (See Instructions) Attorney At Law		9 Employer (See Instructions)
Date 2-20-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Mugerza	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 2-6-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Scott	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 638 Shoreline Circle Port Aransas, TX. 78373		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		SCHEDULE A2	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Thelma L. Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 205.00	
5 Date 1-20-18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A Poppin Ministry 7 Contributor address; City: State: Zip Code Corpus Christi, TX.	8 Amount of Contribution \$ 205.00	9 In-kind contribution description <input type="checkbox"/> 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#: Contributor address; City: State: Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Thelma L. Rodriguez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000.00
5 Date of loan 2-22-18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) John R. Rodriguez	9 Loan Amount (\$) 1,000.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2428 Cricket Hollow Corpus Christi, TX. 78414	10 Interest rate _____
12 Principal occupation / Job title (See Instructions) Police Officer		11 Maturity date _____
13 Employer (See Instructions) City of Corpus Christi		14 Description of Collateral <input checked="" type="checkbox"/> none
15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>		16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable
17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		20 Principal Occupation (See Instructions)
21 Employer (See Instructions)		Date of loan
Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Lender address; City; State; Zip Code		Interest rate
Is lender a financial institution? Y N		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Amount Guaranteed (\$)
Name of guarantor		Principal Occupation (See Instructions)
Guarantor address; City; State; Zip Code		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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: 1 of 3	2 FILER NAME Thema L. Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 1-29-18	5 Payee name Mirals	
6 Amount (\$) 379.96	7 Payee address; City; State; Zip Code Corpus Christi, TX.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) T-shirts	(b) Description <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
Date 2-8-18	Payee name Arrow Display Signs	
Amount (\$) 400.00	Payee address; City; State; Zip Code Corpus Christi, TX.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) signs	Description <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
Date 2-13-18	Payee name Lamar	
Amount (\$) 2,810.00	Payee address; City; State; Zip Code Corpus Christi, TX.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Digital sign	Description <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
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 of 3		2 FILER NAME Thelma L. Rodriguez		3 Filer ID (Ethics Commission Filers)	
4 Date 2-16-18		5 Payee name Gulf Coast			
6 Amount (\$) 69.28		7 Payee address; City; State; Zip Code Corpus Christi, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) business cards		(b) Description <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	
Date 2-19-18		Payee name Grass Roots			
Amount (\$) 3,500.00		Payee address; City; State; Zip Code Corpus Christi, Tx.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Roll workers on early voting and election day		Description <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	
Date 2-23-18		Payee name I-Heart Media			
Amount (\$) 490.00		Payee address; City; State; Zip Code Corpus Christi, TX.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Radio Ads		Description <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	

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: 3 of 3	2 FILER NAME Thelma L. Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 2-12-18	5 Payee name Arrow Display Signs Inc.	
6 Amount (\$) 376.69	7 Payee address; City; State; Zip Code 1343 S. Staples Corpus Christi, Texas 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs	(b) Description <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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 <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