

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:

10

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs

ANNE

K

NICKNAME

LAST

SUFFIX

DUFFY

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2311 Erica Kaitlin Ln
Cedar Park, TX 78613

Change of Address

19 JUL 15 PM 5:19

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 736-4867

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Heidi

NICKNAME

LAST

SUFFIX

Haudek

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

1872 Nelson Ranch Loop
Cedar Park, TX 78613

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 750-8401

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

4 / 26 / 19

THROUGH

Month

Day

Year

6 / 30 / 2019

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

City Council, P13

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Anne K. Duffy 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.

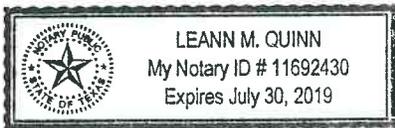
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 1805
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4043.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1422.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



Anne K. Duffy
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anne Duffy, this the 15th day of July, 2019, to certify which, witness my hand and seal of office.

Leann M. Quinn Leann M. Quinn City Sec
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>Anne K. Duffy</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	\$ <i>1805</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4043.74</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>38</i>
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:

2 FILER NAME

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

5/23/19

5 Full name of contributor

Maria Talamo

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address:

711 Jagged Rock
Cedar Park, TX 78613

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Registered Nurse / CED

9 Employer (See Instructions)

Self

Date

4/25/19

Full name of contributor

Chris Cavalli

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$75⁰⁰

Contributor address:

3200 Mossy Grove Ct.
Cedar Park, TX 78613

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

ACC

Date

4/29/19

Full name of contributor

Jeane Cortez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25⁰⁰

Contributor address:

2908 Lakewood
Cedar Park, TX 78613

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

4/29/19

Full name of contributor

Louis Terigon

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10⁰⁰

Contributor address:

21009 Beechnut Trace
Cedar Park, TX 78613

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

4/30/19

5 Full name of contributor

Emily Gilby

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$20

6 Contributor address; City; State; Zip Code

720 Nelson Ranch Rd.
Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

Student

9 Employer (See Instructions)

Date

4/30/19

Full name of contributor

Sean Hassan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

7414 Wildcat Pass
Austin, TX 78757

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

4/30/19

Full name of contributor

Mohammed Ali

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

9209 Bluegrass Dr.
Austin, TX 78759

Principal occupation / Job title (See Instructions)

Operations Manager

Employer (See Instructions)

Self

Date

5/1/19

Full name of contributor

Iqbal Ali

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code

7107 Valburn Dr.
Austin, TX 78731

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

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

Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

5/13/19

5 Full name of contributor

William Pond

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1000⁰⁰

6 Contributor address; City; State; Zip Code

19800 Pecan Park Blvd, Ste 125
Austin, TX 78750

8 Principal occupation / Job title (See Instructions)

Real Estate Landbroker

9 Employer (See Instructions)

Self

Date

5/2/19

Full name of contributor

Anif Ali

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

5003 Sedgefield Dr
Austin, TX 78746

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

AA CPA Tax Strategies

Date

5/4/19

Full name of contributor

Julie Hastings

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

1602 Palomato Ln
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Regional Municipal Mgr

Employer (See Instructions)

Web, Fendley & Assoc.

Date

4/29/19

Full name of contributor

Jana Bantz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

4400 Zachary's Run
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

SATM

Employer (See Instructions)

N/A

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 | 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: 3	2 FILER NAME Anne Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 5/14/19	5 Payee name InFocus Campaigns, LLC	
6 Amount (\$) \$1228.20	7 Payee address; City; State; Zip Code PO Box 10726 Fort Worth, TX 76114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(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 Anne Duffy	Office sought City Council, P13
	Office held City Council, P13	
Date 5/2/19	Payee name Heather Jeffs	
Amount (\$) 2235.54	Payee address; City; State; Zip Code 1202 Willowbrook Dr. Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement for printing costs	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 Anne Duffy	Office sought City Council, P13
	Office held City Council, P13	
Date 5/16/19	Payee name Kevin Lam	
Amount (\$) \$210.00	Payee address; City; State; Zip Code 8223 Amador Cove Austin, TX 78729	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/ Contract labor	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 Anne Duffy	Office sought City Council, P13
	Office held City Council, P13	

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: 3	2 FILER NAME <i>Anne Duffy</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/1/19</i>	5 Payee name <i>Richard Balsam</i>	
6 Amount (\$) <i>\$200</i>	7 Payee address; City; State; Zip Code <i>1800 Irish Ln Cedar Park, TX 78613</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Design Work</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Anne Duffy</i>	Office sought <i>City Council P13</i>
Date <i>4/29/19</i>	Payee name <i>WIX.COM</i>	
Amount (\$) <i>\$700</i>	Payee address; City; State; Zip Code <i>PO Box 40190 San Francisco, CA 94140</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Advertising Expense</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Anne Duffy</i>	Office sought <i>City Council P13</i>
Date <i>5/28/19</i>	Payee name <i>WIX.COM</i>	
Amount (\$) <i>\$700</i>	Payee address; City; State; Zip Code <i>PO Box 40190 San Francisco, CA 94140</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Advertising Expense</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Anne Duffy</i>	Office sought <i>City Council P13</i>

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: 3		2 FILER NAME Anne Duffy		3 Filer ID (Ethics Commission Filers)	
4 Date 7/1/19		5 Payee name WIX.COM			
6 Amount (\$) \$30.00		7 Payee address; City; State; Zip Code PO Box 40190 San Francisco, CA 94140			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Anne Duffy		Office sought City Council #13	
Date		Payee name			
Amount (\$) 200.00		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Anne Duffy</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	-----------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date <i>4/29/19</i>	6 Payee name <i>Facebook</i>
--------------------------	---------------------------------

7 Amount (\$) <i>\$2500</i>	8 Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park, CA 94025</i>
--------------------------------	--

error also

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Anne Duffy</i>	Office sought <i>City Council</i>	Office held <i>District 13</i>
--	--	--------------------------------------	-----------------------------------

Date <i>5/31/19</i>	Payee name <i>Facebook</i>
------------------------	-------------------------------

Amount (\$) <i>\$30</i>	Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park, CA 94025</i>
----------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	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 <i>Anne Duffy</i>	Office sought <i>City Council</i>	Office held <i>District 13</i>
---	--	--------------------------------------	-----------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED