

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:

8

OFFICE USE ONLY

Date Received

JAN 17 2023 PCVD

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Beverley

M

NICKNAME

LAST

SUFFIX

Walker

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P. O. Box 434
Richmond, TX 77469

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

388-5826

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Sedrick

NICKNAME

LAST

SUFFIX

Walker

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P. O. Box 270005
Houston, TX 77277

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

328-9196

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 Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

10

30

22

THROUGH

Month

Day

Year

12

31

22

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

/ /

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Fort Bend County District Clerk

13 OFFICE SOUGHT (if known)

Fort Bend County District Clerk

14 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
|--|--|--|
| Beverley McGrew Walker | | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 1,500.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0.00 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0.00 |
| 4. SCHEDULE E: LOANS | | \$ 0.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 4,890.67 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0.00 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0.00 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 0.00 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 0.00 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ 0.00 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0.00 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ 0.00 |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

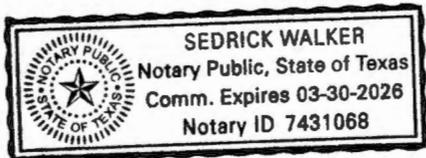
| | | |
|---------------------------------|---|--|
| 15 C/OH NAME Beverley Walker | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,500.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 4,890.67 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 7,123.93 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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.

Beverley McGrew Walker
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by BEVERLEY MCGREW WALKER this the 17th day of JANUARY,

20 23, to certify which, witness my hand and seal of office.

Sedrick Walker SEDRICK WALKER TEXAS NOTARY PUBLIC
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)

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: 1 OF 1 |
| 2 FILER NAME Beverley McGrew Walker | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/02/2022 | 5 Full name of contributor out-of-state PAC (ID#: _____) American Federation of Teachers | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 4400 Texas Parkway, Suite 240; Missouri City, Texas 77489 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|--|---|--|
| Date 11/02/2022 | Full name of contributor out-of-state PAC (ID#: _____) Communication Workers of America | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code 10959 Ella Boulevard; Houston, TX 77067 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|--|
| Date 11/02/2022 | Full name of contributor out-of-state PAC (ID#: _____) Bill Bobrick | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code P. O. Box 637; Sugar Land, Texas 77498 | | |
| 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) |

| | | |
|---|--|-----------------------------|
| 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

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: 1 OF 4 | | 2 FILER NAME Beverley McGrew Walker | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/01/2022 | | 5 Payee name Walker Consulting | | | |
| 6 Amount (\$) 440.53 | | 7 Payee address; City; State; Zip Code P. O. Box 1794 Houston, Texas 77252 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Postage | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Beverley McGrew Walker | | Office sought Fort Bend County District Clerk | |
| | | | | Office held Fort Bend County District Clerk | |
| Date 11/02/2022 | | Payee name Eyeconictel | | | |
| Amount (\$) 1,045.00 | | Payee address; City; State; Zip Code Pay Pal Eye Coni 4899 402-935-7733 CA 95131-1810 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Production of Television Ad | | |
| | Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Beverley McGrew Walker | | Office sought Fort Bend County District Clerk | |
| | | | | Office held Fort Bend County District Clerk | |
| Date 11/03/2022 | | Payee name Effectv East TV | | | |
| Amount (\$) 2,000.00 | | Payee address; City; State; Zip Code 866-531-1721 PA 866-531-1721 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Television Ad | | |
| | Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Beverley McGrew Walker | | Office sought Fort Bend County District Clerk | |
| | | | | Office held Fort Bend County District Clerk | |

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 | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 2 OF 4 | 2 FILER NAME Beverley Mc Grew Walker | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

| | |
|-----------------------------|--|
| 4 Date 11/18/2022 | 5 Payee name Universal Signs and Banners |
|-----------------------------|--|

| | | | | |
|-------------------------------|--|-------|--------|----------|
| 6 Amount (\$) 70.36 | 7 Payee address; 7825 S. Texas 6 Houston, Texas 77083 | City; | State; | Zip Code |
|-------------------------------|--|-------|--------|----------|

| | | |
|---|--|--------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing | (b) Description Sign Posts |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|---|--|--|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Beverley McGrew Walker | Office sought Fort Bend County District Clerk | Office held Fort Bend County District Clerk |
|---|---|--|--|

| | |
|--------------------|------------------------------|
| Date 11/15/2022 | Payee name Michelle Menon |
|--------------------|------------------------------|

| | | | | |
|-----------------------|----------------------------------|-------|--------|----------|
| Amount (\$) 190.00 | Payee address; Houston, Texas | City; | State; | Zip Code |
|-----------------------|----------------------------------|-------|--------|----------|

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

| | | | |
|--|---|--|--|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Beverley McGrew Walker | Office sought Fort Bend County District Clerk | Office held Fort Bend County District Clerk |
|--|---|--|--|

| | |
|--------------------|---------------------------------|
| Date 11/23/2022 | Payee name Walker Consulting |
|--------------------|---------------------------------|

| | | | | |
|-----------------------|---|-------|--------|----------|
| Amount (\$) 339.19 | Payee address; P. O. Box 1794 Houston, TX 77252 | City; | State; | Zip Code |
|-----------------------|---|-------|--------|----------|

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

| | | | |
|--|---|--|--|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Beverley McGrew Walker | Office sought Fort Bend County District Clerk | Office held Fort Bend County District Clerk |
|--|---|--|--|

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 | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 3 of 4 | 2 FILER NAME Beverley Mc Grew Walker | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

| | |
|-----------------------------|--|
| 4 Date 11/23/2022 | 5 Payee name Walker Consulting |
|-----------------------------|--|

| | | | | |
|--------------------------------|---|-------|--------|----------|
| 6 Amount (\$) 299.39 | 7 Payee address; P. O. Box 1794 Houston, Texas 77252 | City; | State; | Zip Code |
|--------------------------------|---|-------|--------|----------|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting | (b) Description Bag Purchase |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|---|--|--|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Beverley McGrew Walker | Office sought Fort Bend County District Clerk | Office held Fort Bend County District Clerk |
|--|---|--|--|

| | |
|--------------------|-------------------------------|
| Date 11/30/2022 | Payee name Texas Campaigns |
|--------------------|-------------------------------|

| | | | | |
|-----------------------|----------------------------------|-------|--------|----------|
| Amount (\$) 200.00 | Payee address; Houston, Texas | City; | State; | Zip Code |
|-----------------------|----------------------------------|-------|--------|----------|

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

| | | | |
|---|---|--|--|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Beverley McGrew Walker | Office sought Fort Bend County District Clerk | Office held Fort Bend County District Clerk |
|---|---|--|--|

| | |
|--------------------|--|
| Date 12/28/2022 | Payee name Missouri City Baptist Church |
|--------------------|--|

| | | | | |
|-----------------------|--|-------|--------|----------|
| Amount (\$) 100.00 | Payee address; 16816 Quail Park Drive Missouri City, Texas 77489 | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

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

| | | | |
|---|---|--|--|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Beverley McGrew Walker | Office sought Fort Bend County District Clerk | Office held Fort Bend County District Clerk |
|---|---|--|--|

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 | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 4 OF 4 | 2 FILER NAME Beverley McGrew Walker | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

| | |
|-----------------------------|--|
| 4 Date 10/31/2022 | 5 Payee name Texas Campaigns |
|-----------------------------|--|

| | |
|--------------------------------|---|
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code Houston, Texas |
|--------------------------------|---|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Sign Placement |
| | (c) 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 Beverley McGrew Walker | Office sought Fort Bend County District Clerk | Office held Fort Bend County District Clerk |
|---|---|--|--|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|-------------|
| 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 | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 |
| | 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 |
|--|-------------------------------|---------------|-------------|

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