

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	<input checked="" type="radio"/> MRS / MR	FIRST ARUE	MI E
	NICKNAME	LAST BROWN	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #:	CITY:	STATE: ZIP CODE
	3143 SAPPHIRE COURT BROWNSVILLE, TX 78521		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	497-3109	
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS / MRS / MR	FIRST DAVID	MI J
	NICKNAME	LAST BROWN	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS #40 PO BOX PLEASE! APT / SUITE #:	CITY:	STATE: ZIP CODE
	3143 SAPPHIRE COURT BROWNSVILLE, TX 78521		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	343-8895	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 6th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month	Day	Year
	10	7	2018
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11 / 6 / 2018	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
12 OFFICE	OFFICE HELD (if any)	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
		<input type="checkbox"/> Other Description	
13 OFFICE SOUGHT (# legume)		BISD BOARD OF TRUSTEES, PLACE 1	

OFFICE USE ONLY
BISD
Date Received
Received
OCT 30 2018
10:11 AM
Office of the
Chief Financial Officer
Date Hand-delivered or Date Postmarked

Receipt #
Amount \$
Date Processed
Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

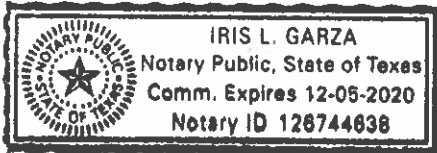
14 C/OH NAME DRUE ELLEN BROWN 15 Filer ID (Ethics Commission Filers)

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 <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,290.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 649.70
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,723.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,033.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.

Drue Ellen Brown
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Drue Ellen Brown this the 29th day of October, 2018, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
 IRIS L GARZA 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>DRUE ELLEN BROWN</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>5450.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>858.00</i>
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>13,723.46</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 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: 3
2 FILER NAME DRUE ELLEN BROWNS		3 Filer ID (Ethics Commission Filers)
4 Date OCT. 10, 2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HODGE, SHERGOLD, LLP	7 Amount of contribution (\$) \$500.00
6 Contributor address: City: State: Zip Code 1534 E. 6TH, SUITE 105 BROWNSVILLE, TX 77820		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date OCT. 10, 2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARGARET COWAN	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 6 PALACE PLACE SAN ANTONIO, TX 78248		
Principal occupation / Job title (See Instructions) RETIRED BUSINESSWOMAN		Employer (See Instructions)
Date OCT. 10, 2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROXANNE GARCIA	Amount of contribution (\$) \$1500.00
Contributor address: City: State: Zip Code P.O. BOX 1299 MERCEDES, TX 78570		
Principal occupation / Job title (See Instructions) COMMUNITY MEMBER		Employer (See Instructions)
Date OCT. 11, 2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ESPARZA & GARZA, LLP	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 964 E. LOS EBANOS BROWNSVILLE, TX 77820		
Principal occupation / Job title (See Instructions) ATTORNEY		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

2 FILER NAME

DRIVE ELLEN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

OCT. 16.
2018

5 Full name of contributor

JOE SALAZAR III

out-of-state PAC (ID# _____)

6 Contributor address:

611 E. LOOP 499 HARLINGEN, TX 78550

City: State: Zip Code

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

INSURANCE

9 Employer (See Instructions)

Date

OCT. 17.
2018

Full name of contributor

PERDUE, BRANDON, FIELDER, COLLINS & MOTT, LLP

out-of-state PAC (ID# _____)

Contributor address:

1235 NORTH LOOP W, SUITE 600 HOUSTON, TX 77008

City: State: Zip Code

Amount of contribution (\$)

\$750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

OCT. 18.
2018

Full name of contributor

SAMUEL BUEBARD

out-of-state PAC (ID# _____)

Contributor address:

5156 N. EXPRESSWAY BROWNSVILLE, TX 77852

City: State: Zip Code

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

OCT. 25,
2018

Full name of contributor

FRANKLIN R. BASKIN

out-of-state PAC (ID# _____)

Contributor address:

136 CHARLES DR. PORTSBORO, TX 75076

City: State: Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

RETIRED

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: 3
2 FILER NAME DRIVE ELLEN BROWN		3 Filer ID (Ethics Commission Filers)
4 Date OCT. 25, 2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LESLIE BINGHAM 6 Contributor address: City: State: Zip Code 1 MEDICAL DRIVE BROWNSVILLE TX 77810	7 Amount of contribution (\$) \$500.00
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 DAVE ELLER BROWN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date Oct. 16, 2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHN SHERGOLD	8 Amount of Contribution \$ \$958.00	9 In-kind contribution description CAMPAIGN PARTY
7 Contributor address; City: State: Zip Code 1534 E. 6th, Suite 105 Brownsville, TX 77822		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ATTORNEY		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)			
<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>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia 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	2 FILER NAME DRUE ELEN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date OCT. 11, 2018	5 Payee name DAVID J. BROWN
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6 Amount (\$) \$2500.00	7 Payee address; City; State; Zip Code 3143 SAPPHIRE COURT BROWNSVILLE, TX 77821
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 OCT. 12, 2018	Payee name PINK APE MEDIA
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Amount (\$) \$996.96	Payee address; City; State; Zip Code 3101 PABLO KISEL, B-4 BROWNSVILLE, TX 77820
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES PRINTING, SUPPLIES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 OCT. 16, 2018	Payee name DAVID J. BROWN
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Amount (\$) \$2500.00	Payee address; City; State; Zip Code 3143 SAPPHIRE COURT BROWNSVILLE, TX 77821
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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: 3	2 FILER NAME DIKUE ELLEN BROWN	3 Filer ID (Ethics Commission Filers)
4 Date OCT, 17, 2018	5 Payee name U.S. POSTAL SERVICE	
6 Amount (\$) \$1750.00	7 Payee address; City: State: Zip Code 1535 E. LOS EBANOS BROWNSVILLE, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE MAIL OUT POSTAGE	(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 OCT, 17, 2018	Payee name PINKAPE MEDIA	
Amount (\$) \$2500.00	Payee address; City: State: Zip Code 3101 PABLO KISEL, B-4 BROWNSVILLE, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE, SOCIAL MEDIA	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 OCT, 22, 2018	Payee name FIESTA GRAPHICS	
Amount (\$) \$216.50	Payee address; City: State: Zip Code 205 PAREDES LINE ROAD BROWNSVILLE, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE T-SHIRTS & PRINTING	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
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	2 FILER NAME DRUG ELLEN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date OCT. 23, 2018	5 Payee name PINK APE MEDIA
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6 Amount (\$) \$1500.00	7 Payee address; City; State; Zip Code 3101 PABLO KISEL, B-4 BROWNSVILLE, TX 78521
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date OCT. 23, 2018	Payee name U.S. POSTAL SERVICE
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Amount (\$) \$1710.00	Payee address; City; State; Zip Code 1535 E. LOS EBANOS BROWNSVILLE, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE MAIL OUT POSTAGE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date OCT. 27, 2018	Payee name TEXAS COUNTRY DINER
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 1621 RESACA VILLAGE, SUITE 3 BROWNSVILLE, TX 78523
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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