CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 23
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS(MR) FIRST Alejande NICKNAME LAST PATEL	MI SUFFIX Jr.	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 2401 Gard Laredo, Te	city; state; zip code field exas 18043	RECTN 2016 FEB 25 J
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 236.949	EXTENSION 8	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Alejand NICKNAME LAST Pere Z	ro MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 1707 G. Laredo,	-	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 732-8	EXTENSION 6/3	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 15	THROUGH 12 /	Day Year / 3 / / 15
11 ELECTION	ELECTION DATE Month Day Year Primary General	Description	
12 OFFICE	OFFICE HELD (If any) City Council District 3	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		15 F	iler ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUNISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFURES.	T THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,100.00		
EXPENDITURE TOTALS	L Company	POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 242.59		
	4. TOTAL POLITICAL EXPENDITURES \$ 9, 379.82				
CONTRIBUTION BALANCE	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 \$ 1,360.0				
18 AFFIDAVIT					
	<i>_</i>	I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.			
	表	ap-	<u>.</u>		
	go	Signature of Candida	te or Officeholder		
AFFIX NOTARY STAM	MP/SEALABOVE	". Austriano			
Sworn to and subsc		The state of the s	, this the25th		
day of PEBRUARY	, 20 <u>16</u> ,	to certify which, witness my hand and seal of office.			
Old-			CTWG CITY SECRETARY		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME Alejandro Perez Jr. 20 Filer ID (Ethics Co						
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,100.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	SCHEDULE E: LOANS	\$					
5.	\$ 9,137.23						
6.	\$						
7.	\$						
8.	\$						
9.	\$						
10.	\$						
11.	\$						
12.	\$						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Alejandro Perez Jr. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor out-of-state PAC (ID#: Edward & Annie R. Garza 4 Date 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 1522 Demarct Court Larido, Texas 78045 250.00 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Laredo Fire Pac Date ut-of-state PAC (ID#: Amount of contribution (\$) 12-2-15 1,500.00 Contributor address; City; State; Zip Code 5219 Tesoro Laredo, Texas 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) Sushi Madre 12-2-15 Contributor address; City; Sta 401 M Saunders St. Laredo, Texa 5 7804/ 1,000.00 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date ut-of-state PAC (ID#: Amount of contribution (\$) Jaca Engineering 12-2-15 Contributor address; City; State; Zip Code 1701 Jacaman Lareco, Texas 18041 400.00 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Alejandro Perez Jr. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor Out-of-state PAC (ID#:_ South Webb County 4 Date 7 Amount of contribution (\$) 12-11-15 6 Contributor address; City; St P.O. BOX 3229 Laredo, Texas 78044 1,000.00 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 12-11-15 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Edmundo Ramirez Jr. Date Amount of contribution (\$) 12-11-15 City; State; Zip Code 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_Alfonso Barrera Date Amount of contribution (\$) Contributor address; City; State; Zip Code 1000 Ranchway Dr. #70 Laredo, Texas 78045 12-11-15 250.00 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Alejandro Pérez Jr. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor | out-of-state PAC (ID#: Hickey Peña Architects) 6 Contributor address; Oity; State; Zip Code 400 Jan Bernardo Ave Laredo, Texas 18040 4 Date 7 Amount of contribution (\$) 12-11-15 250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) Contributor address; City; Sta P.O.BOX 499 Laredo, Texas 78042 12-17-15 2,500.00 City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Louis H. Jones Jr. Date Amount of contribution (\$) 2,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Contributor address; State: Zip Code Citv: 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.

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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) 53.03 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Meeting to discuss District 3 related **EXPENDITURE** Food Beverage exp ssues with constituents Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Briskets & Beer Smokehouse 7-6-15 Amount (\$) Payee address: City: State: Zip Code 2002 Chihuahua Laredo, Texas 18043 46.38 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Meeting to discuss Dist. 3 related OF **EXPENDITURE** Food/Beverage up with constituents Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date International Bank of Commerce 7-15-15 City; State; Zip Code Amount (\$) San Bernardo Ave. 1200 30.00 Laredo, Texas 18042 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Printing expense of bank statements Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	•	Salaries/Wages/Contract Labor ns how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAMEALEJANdro Per		3 Filer ID (Ethics Commission Filers)
4 Date 7-20-15	5 Payee name Domino's Pizzo		
6 Amount (\$) 41.08	7 Payee address; City; State; Z 3911 Loop 20, 50 Laredo, Texas	aite 2	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Check if travel out	tside of Texas. Complete Schedule T. TX. officeholder living expense District3 od event for constituents
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
7-20-15	Payee name Wal-Mart		
Amount (\$)	Payee address; City; State; Z 2320 Bob Bo Laredo, Texas		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder, living expense OF District 3 OOO EVENT for Constituen
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 7-23-15	Payee name Murphy'5 4797	1	
Amount (\$) 75.00	Payee address; City; State; Z 2318 Loop 2 Laredo, Texas		
PURPOSE OF EXPENDITURE	Transportation equiprelated expense	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense r travel upense
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 NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Ot	avel Out Of District her (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Alejandro Perez J	r. 3	Filer ID (Ethics Commission Filers)
4 Date 7-16-15	5 Payee name Nereida Morales		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
320.00	218 Lexington Laredo, Texas Te	040	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Clarical Wagnel A Arachlala		of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contractlakon	Contract Lak Dead Tree Ren	officeholder living expense for for District 3 noval Pilot Project
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name 64ci 00.6		
8-10-15	stripes		
Amount (\$)	Payee address; City; State; Zip Code	A 1/0	
76.02	1701 N Arkansa Laredo, Texas 180	3 AVE.	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Transmetation Equipment		of Texas. Complete Schedule T. officeholder living expense
EXPENDITURE	Transportation Equipment and Related Expense	officeholder to	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	,	
8-24-15	South Texas Food	Bank	
Amount (\$)	Payee address; City; State; Zip Code		
20.00	1907 Freight street Laredo, Dexas 7804	1	
	Laredo, Dexas 1804	4	
	Category (See Categories listed at the top of this schedule)	Description	4T
PURPOSE OF	Cont n butions/Donations	Check if Austin TX	of Texas. Complete Schedule T. officeholder living expense
EXPENDITURE	Cont n butions/Donations made by Candidate/Officeholds Political Committee	r/ Archibub	- 1
	Political Committee	Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED .

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/W	Vages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	Alejanoro Perezsi	3 Filer ID (Ethics Commission Filers	3)
9-25-/5	5 Payee name International Ban	nk of Commerce	
6 Amount (\$)	7 Payee address; City; State; Zip Code	1 0	
10.42	1200 San Bernard Laredo, Texas 18	do Ave.	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	1: 12 1::-	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense	
EXPENDITORE	J	Bank Service Charge	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name	107	
8-11-15	Ana Maria Gonza		
Amount (\$)	Payee address; City; State; Zip Code		
75.00	2012 McDonell Laredo, Texas 18	0040	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	17	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Food/Beverage Expense	Purchased tamales for constitue to assist in fundralsing	ent
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
8-19-15	Sandra Boguin		
Amount (\$)	Payee address; City; State; Zip Code		
250.00	2304 Diaz Laredo, Texas 78	3041	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Contract Labor for District3 Dead Tree Removal Pilot Project	ct
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Alejandro P	erez Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 8 - 24-15	5 Payee name Mary Jane		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
240.00	7 Payee address; City; State; 1418 Kearn	ley	
2 10.00	Laredo, Tes	Las 78040	
8	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
PURPOSE	Contributions/Donation	Check if travel	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Contributions/Donational	Check if Aus	tin, TX, officeholder living expense
	Officeholder	efforts to	offset medical expenses
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-2-15	Stripes		
Amount (\$)	Payee address; City; State;	Zip Code	
44.96	602 Washir	19 TON ST.	
171 10	Payee address: City; State; 602 Washir Laredo, Tes	tas 78040	
	Category (See Categories listed at the top of th	is schedule) Description	
PURPOSE	Transportation E	auipment Check if travel	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Transportation E & Related expen	Check if Aust	in, TX, officeholder living expense
	E Kelates expen	15es Otticeno	lder travel expenses
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-3-15	Dannyis		
Amount (\$)	Payee address; City; State;	Zip Code	
112 00	1420 N Malinch	1e Ave.	
43.88	Laredo, Texas	18043	
	Category (See Categories listed at the top of the		
PURPOSE	Food/Beverage	etp Check if travel	outside of Texas, Complete Schedule T.
OF EXPENDITURE	1000/1021213		tin, TX, officeholder living expense
		discuss	with constituent to District 3 related issue
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	1		
	ATTACH ADDITIONAL COPIL	S OF THIS SCHEDULE AS N	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guide ex		/ages/Contract Labor omplete this form.	Other (enter a categ	gory not listed above)
1 Total pages Schedule F1:	2 FILER NA				3 Filer ID (Ethic	cs Commission Filers)
4 Date 9-10-15	5 Payee nar	ME Alejandro Me Harbor Fra	eightT	ools		
6 Amount (\$) 238./2	7 Payee add	dress; City; State 5904 Jan Laredo, Te	Bernar Xas 18	rdo Ave. 041		
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top o	f this schedule)		utside of Texas. Complete n, TX, officeholder living and equi Removal	
9 Complete ONLY if direct expenditure to benefit C/Oh		te / Officeholder name		Office sought		Office held
9-14-15	Payee nar	HEB				
Amount (\$) 41.25	Payee add	dress; City; State 1301 Gua Laredo, T	e; Zip Code delupe. exas 7	8041		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of Event expe	f this schedule)	Description Check if travel or	utside of Texas. Complete s n, TX, officeholder living for Dist hood EVEII	
Complete ONLY if direct expenditure to benefit C/Oh		te / Officeholder name		Office sought	•	Office held
Date 9-14-15	Payee na	Domino's	Pi220	2		
Amount (\$) 183.56	Payee add	dress; City; State 6/1 Shilot Laredo, 7	e; Zip Code 1 Dr., 31 EXAS	te.16 18045		
PURPOSE OF EXPENDITURE		(See Categories listed at the top of Exent expen		Check if Austin	utside of Texas. Complete son, TX, officeholder living District 3	g expense B neighborhod
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ite / Officeholder name		Office sought		Office held
	АТТ	ACH ADDITIONAL COF	PIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) at Expense Loan Repayment/Reimbursemen Office Overhead/Rental Expens

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Alejandro Perez	Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 9-15-15	5 Payee name Dannys		
6 Amount (\$) 44.04	7 Payee address; City; State; Zip Code 1420 N Malinch Laredo, Texas 18		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage expense	Meeting wi	outside of Texas. Complete Schedule T. John Strituents to disciplinated is a constituent of the constituent
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 9-/8-/5	Payee name Taco Palenque		
Amount (\$) 74.08	Payee address; City; State; Zip Code 1920 Guadalupe Laredo, Texas 180	. St. 43	
PURPOSE OF EXPENDITURE	Food/Beverage expense	Check if Aust Meeting wi	outside of Texas. Complete Schedule T. in, TX, officeholder living expense th constituents to discuss Yelated issues
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 9-24-15	Payee name 5tripes		
Amount (\$) 42.99	Payee address; City; State; Zip Code 3410 N Arkansas Laredo, Texas 78	Ave. 8043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment and Related Expense	Description Check if travel Check if Aust	outside of Texas. Complete Schedule T. in, TX, officeholder living expense ler travel expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense Legal Services Loan Repayment/Reirnbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Alejandro Perez Jr. 3 Filer ID (Ethics Commission Filers)				
4 Date 9-21-15	5 Payee name Lowe/5				
6 Amount (\$) 634.96	7 Payee address; City; State; Zip Code 4423 Jan Dario Laredo, Texas 78	A ve. 3041			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Equipment	utside of Texas. Complete Schedule T. n. TX, officeholder living expense and supplies for District Removal Pilot Program			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date 8-31-/5	Payee name Juan Adriel Zapa	ata.			
Amount (\$) 70.00	Payee address; City; State; Zip Code 1403 N. 3mith Lalldo, Texas 780	540			
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin	utside of Texas. Complete Schedule T. n. TX. officeholder living expense abor for District 3 Removal Pilot Project		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date 8-31-15	Payee name Claudio Alviso				
Amount (\$) 350.00	Payee address; City; State; Zip Code 134 Fairway Laredo, Texas	18040			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if Austin, TX, officeholder, living expense Contract Labor for District 3 Description Check if Austin, TX, officeholder, living expense Contract Labor for District 3 Dead Tree Removal Pilot Project				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
=====	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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

Candidate/Officeholder/Politica	al Committee	Legal Services	Salaries/\	Vages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment		The Instruction G	uide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER N	Alejandi	ro Perez Ji	<i>r</i> .	3 Filer ID (Ethics Commission Filers)
4 Date 9-8-15	5 Payeen	Andres	Tamez		
495.00	7 Payee a	2419 Pr	State; Zip Code I'CL Tex as 78	040	
8 PURPOSE OF EXPENDITURE		y (See Categories listed at	the top of this schedule) 15 Contract Labor	Check if Aust	outside of Texas. Complete Schedule T. in, TX, officeholder living expense Abor for District3 c. Removal Pilot Program
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder na	ume	Office sought	Office held
Date 9-24-/5	Payeen	Felipe C	lhapa.		
Amount (\$) 1, 950.00	Payee a	ddress; City; 4476 l 3an Ar	State; Zip Code N. Kings Honio 78	twy 209	
PURPOSE OF EXPENDITURE		y (See Categories listed at		Chook if Austi	autside of Texas. Complete Schedule T. n, TX, officeholder living expense abor for District 3 Removal Pilot Program
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder na	ime	Office sought	Office held
9-26-15	Payee r	Andres	Tamez		
Amount (\$) /00 .00	Payee a	2419 Dr	State; Zip Code ICL Texas 18	0040	
PURPOSE OF EXPENDITURE		y (See Categories listed at	the top of this schedule) es/Contract Labor	Check if Austi	outside of Texas. Complete Schedule T. in, TX, officeholder living expense Labor for District 3 e Removal Pilot Progra
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder n	ame	Office sought	Office held
	ΓA	TACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS NE	EDED

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Alejand to Perez Jr 3 Filer ID (Ethics Commission Filers)					
4 Date 9-29-15	5 Payee name Lowe/5					
6 Amount (\$) 247.91	7 Payee address; City; State; Zip Code 4423 Jan Dar Laredo, Texas	10 Ave. 78041				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Equipment Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, afficeholder living expense Chain saw and equipment for Dead Tree Removal Pilot Program					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held				
Date 10 - 2 - 15	Payee name Stripes					
Amount (\$) 40.32	Payee address; City; State; Zip Code 111 Wyl Oak 2 Laredo, Texas	t. 78043				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipm and Related Expenses	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder travel uppense.				
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held				
Date 10-25-15	Payee name International A	Bank of Commerce				
Amount (\$)	Payee address; City; State; Zip Code 1200 Jan Bern Larkdo, Texas	aldo Ave.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T.				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held				
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) 5 Payee name City; State; Zip Code 4476 W Kings HWY San Antonyo, Texas 18209 6 Amount (\$) 7 Payee address; 405.00 Check if travel outside of Texas. Complete Schedule T. 5 alaries/Wages/Contract Labor **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Andres Tamez 10-2-15 Amount (\$) Payee address; City; State; Zip Code 300.00 Laredo, Texas 18040 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Salaries/Wages/Contract Contract Labor for District 3 Labor Dead Tree Removal Pilot Program OF EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Commission for Women - City of Laredo Pavee name 10-20-15 Amount (\$) Pavee address: 150.00 Contributions/Donations made by Candidate Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Donation for bowling tournament Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	By Gift/Awards/Memorials Expense Printing Expense Travel	In District (enter a category not listed above)	
1 Total pages Schedule F1:		er ID (Ethics Commission Filers)	
4 Date 10-27-15	5 Payee name Chilo Alaniz Campaign		
6 Amount (\$) 90.00	7 Payee address; City; State; Zip Code 1110 V1Ctoria, Ste 401 Laredo, Texas 78040		
8 PURPOSE OF EXPENDITURE	contributions / Donations Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution Campaign contribution		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held	
11-4-15	Payee name Marcos Escamilla		
Amount (\$) /00 · 00	Payee address; City; State; Zip Code 3803 Daffodil Are. Laredo, Texas 78046		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations made by Candidate/ Officeholder Category (See Categories listed at the top of this schedule) Check if ravel outside of Tex Check if Austin, TX, officending to a 3513		
Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office held	
Date 11-14-15	Payee name Eugenio Villarreal		
Amount (\$) 250.00	Payee address; City; State; Zip Code 501 Gusta Vus Laredo, Texas 78040		
PURPOSE OF EXPENDITURE	N/C:c-baldam		
Complete <u>ONLY</u> if direct expenditure to benefit C/O!	Candidate / Officeholder name	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	g	ins how to complete this form.	one (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Alejandro	Pérez Jr.	3 Filer ID (Ethics Commission Filers)		
4 Date 11 - 16-15	5 Payee name Francisco H	ternandez			
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 1309 Cashew Laredo, Texas 18046				
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description			
PURPOSE OF EXPENDITURE	Contributions/Donations made by Candidate/ Officeholder	Check if travel out Check if Austin, Donation mo	side of Texas. Complete Schedule T. TX. officeholder living expense Ade to baseball youth Sist in fundraising effo		
9 Complete ONLY if direct					
Date 11-9-15	Payee name Shell Oil				
Amount (\$) 39,47	Payee address; City; State; Zip Code 2705 N Arkansas AVE. Laledo, Texas 78043				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Transportation Equand Related Expension	s schedule) Description	ide of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date 11-9-15	11-9-15 United States Poastal Service				
Amount (\$) 107.80	Payee address; City; State; Zip Code 2100 E. Saunders Laredo, Texas 1804/				
PURPOSE OF EXPENDITURE	Solicifation/ Fundraising exp	Check if travel outs	tide of Texas. Complete Schedule T. TX, officeholder living expense tations Response to the schedule T.		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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 3 Filer ID (Ethics Commission Filers) Gonzalez Bakery 4 Date 5 Payee name 11-16-15 6 Amount (\$) 7 Payee address; 3620 N Arkansas AVE 80.00 Laredo, Texas 18043 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Solicitation/Fundraising Cake for Fundraising exent OF **EXPENDITURE** Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Jim's Discount Liquor Date 11-14-15 Amount (\$) Payee address; 2004 Guadalupe St. Laredo, Texas 78043 373.41 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH International Bank of Commerce Date City; State; Zip Code 1200 Jan Bernardo Ave. Payee address; 18.00 aredo, Texas 78042 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office overhead/ OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Rental expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Alejandro Perez Jr. International Bunk of Commerce 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; 1200 San Bernardo Ave. 439.16 Laredo, Texas 18042 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Accounting /Banking ___ Check if Austin, TX, officeholder living expense **EXPENDITURE** Bank Gerrice Charges Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Danny 15 Payee name 12-21-15 Amount (\$) City; State; Zip Code Payee address; 1420 N Malinche Ave. 56,73 Laredo Texas 78043 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food Beverage expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Stripes 12-21-15 2401 N Meadow Ave. Amount (\$) Payee address; 67.64 Laredo, Texas 78643 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE EXPENDITURE** officeholder travel expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) Aleiandro Perez Jr. 4 Date 5 Payee name Grande International Study Center 6 Amount (\$) 7 Payee address; West End Washington St. Laredo, Texas 18040 125.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Contributions / Donations Check if travel outside of Texas. Complete Schedule T. PURPOSE Contribution to assist OF made by Candidate, **EXPENDITURE** draising efforts Officeholder Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Mike Killaweal campaign Payee name Date 12-18-15 Amount (\$) Payee address; City; State; Zip Code 90155 MILMO 50.00 Laredo, Texas 18040 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Contributions | Donations **PURPOSE** Check if Austin, TX, officeholder living expense made by Candidate 1 **EXPENDITURE** mpaign Contribution Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Pillar 12-615 Amount (\$) Payee address: City: State: Zip Code 1502 Laredo St. Laredo, Texas 78040 50.00 Category (See Categories listed at the top of this schedule) Description Contributions/Donations made by Candidate/ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Officeholder Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) nt Expense Loan Repayment/Relimbursement

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

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

Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1	2 FILER NAME Alejandro Perez Jr. 3 Filer ID (Ethics Commission Filers)
4 Date /2-9-15	5 Payee name Johnny Amaya
6 Amount (\$)	7 Payee address; City; State; Zip Code 2214 San Edualdo Laredo, Texas 18040
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions / Donations Made by Candidate / Donation + Donation
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office hold
Date /2 -17-/5	Payee name Idalia Cadena
Amount (\$)	Payee address; City; State; Zip Code 419 3. Mendiola Lare do, Texas 78043
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Office holder Office holder Check if Austin, TX, officeholder living expense Office holder Office holder
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held
Date /2 - 2/-/5	Payee name Johnny Amaya
Amount (\$)	Payee address; City; State; Zip Code 2216 San Eduardo Laredo, Texas 18040
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions / Donations Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to assist in fundraising efforts for Toy Drive for Constituents
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office holder name Office sought / Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED