

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 Filer)

2 Total pages filed: **22**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	
<input type="checkbox"/> Change of Address	3501 Monterrey St Corpus Christi, TX 78411				Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Filed 10/7/24		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Rebecca Huerta City Secretary		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE	
(Residence or Business)	318 Barracada Pl. Corpus Christi, TX 78411				Receipt #	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Amount \$		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	11 / 05 / 2024			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	CC City Council, At Large		13 OFFICE SOUGHT (if known)	CC City Council, At Large	
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

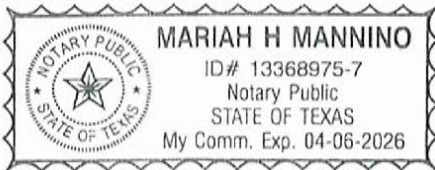
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 301.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,442.18 13,015.12
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2111.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,340.15
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.



James Klein

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/ SEAL

Sworn to and subscribed before me by James Klein this the 7 day of October, 2024, to certify which, witness my hand and seal of office.

[Signature] Mariah Mannino 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>James E. Klein</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	\$ 12,714.12
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 427.06
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	\$ 2,111.87
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

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: 15
2 FILER NAME James E. Klein		3 Filer ID (Ethics Commission Filers)
4 Date 7-9-24	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# 26-4203364) Democracy Engine, LLC 6 Contributor address; City; State; Zip Code [REDACTED] Washington DC 20001	7 Amount of contribution (\$) \$42.35
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7-9-24	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# 26-4203364) Democracy Engine, LLC Contributor address; City; State; Zip Code [REDACTED] Washington DC 20001	Amount of contribution (\$) \$48.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-9-24	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# 26-4203364) Democracy Engine, LLC Contributor address; City; State; Zip Code [REDACTED] Washington DC 20001	Amount of contribution (\$) \$64.79
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-9-24	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# 26-4203364) Democracy Engine, LLC Contributor address; City; State; Zip Code [REDACTED] Washington DC 20001	Amount of contribution (\$) \$15.24
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

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:
2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7-9-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Becky Moeller</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>CC, TX 78412</i>	7 Amount of contribution (\$) <i>\$75.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7-11-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Bright</i> Contributor address; City; State; Zip Code [Redacted] <i>Corpus Christi, TX 78411</i>	Amount of contribution (\$) <i>\$2,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Conrad Morris</i> Contributor address; City; State; Zip Code [Redacted] <i>Corpus Christi TX 78412</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-1-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vickie Natalie</i> Contributor address; City; State; Zip Code [Redacted] <i>Corpus Christi TX 78404</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-1-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James & Sylvia Whitworth</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>Corpus Christi TX 78413</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-5-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teresa Klein</i> Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78411</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann Smith</i> Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78412</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mikell Smith</i> Contributor address; City; State; Zip Code [Redacted] <i>CC, TX 78412</i>	Amount of contribution (\$) <i>\$300.00</i>
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

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2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-6-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron Graban</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>Portland TX 784374</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judy Telge</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>CC TX 78411</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Seanne Adams</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>CC TX 78404</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanne Leonard</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>CC TX 78412</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-6-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan F. Santos</i>	7 Amount of contribution (\$) <i>\$250.00</i>
	6 Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78415</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Jo O'Rear</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78415</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Becky Moeller</i>	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>CC, TX 78412</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Weber</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78404</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>8-6-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Virginia Oler</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>CC, TX 78404</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melvin Klein</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>CC, TX 78401</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Hoelscher</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>CC, TX 78404</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phyllis Finley</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78411</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>8-6-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Welder</i> 6 Contributor address; City; State; Zip Code [REDACTED] <i>CC, TX 78402</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diane + John LaRue</i> Contributor address; City; State; Zip Code [REDACTED] <i>CC TX 78463</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark LaRue</i> Contributor address; City; State; Zip Code [REDACTED] <i>CC TX 78412</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julie and Barry Rogers</i> Contributor address; City; State; Zip Code [REDACTED] <i>CC TX 78404</i>	Amount of contribution (\$) <i>\$200.00</i>
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

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4 Date <i>8-6-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dale Anderson</i>	7 Amount of contribution (\$) <i>\$100.00</i>
	6 Contributor address; City; State; Zip Code [REDACTED] <i>CC TX 78404</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Moore</i>	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address; City; State; Zip Code [REDACTED] <i>CC TX 78411</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-6-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dora Wilburn</i>	Amount of contribution (\$) <i>\$10.00</i>
	Contributor address; City; State; Zip Code [REDACTED] <i>CC TX 78415</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-7-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Albert</i>	Amount of contribution (\$) <i>\$500.00</i>
	Contributor address; City; State; Zip Code [REDACTED] <i>Austin, TX 78741</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-7-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tony Villanueva</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>San Antonio TX 78209</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-7-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Evans</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Austin TX 78759</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-7-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cathy McAuliffe</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Rockport TX 78382</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-8-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Neil McQueen</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78412</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-12-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bayfront Marina Investments</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>CC, TX 78401</i>	7 Amount of contribution (\$) <i>\$1000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-12-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>N. (Pete) Halzer</i> Contributor address; City; State; Zip Code [Redacted] <i>Hill TX 76053</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-18-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Alice Weichman</i> Contributor address; City; State; Zip Code [Redacted] <i>CC, TX 78413</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-20-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dora Wilburn</i> Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78415</i>	Amount of contribution (\$) <i>\$10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-27-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Samer Jifi Bahloul</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78414</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8-27-24</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <i>26-4203364</i>) <i>Democracy Engine, LLC</i>	Amount of contribution (\$) <i>\$162.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Washington DC 20001</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8-29-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mark Muenster</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78412</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-1-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mariah Boone</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78404</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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:
2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-2-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Neil McQueen</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78412</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-2-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruth Falck</i> Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78411</i>	Amount of contribution (\$) <i>\$150.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-4-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CC A.F.T.C.O.P.E.</i> Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78411</i>	Amount of contribution (\$) <i>\$1000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-6-24</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <i>26-4203364</i>) <i>Democracy Engine, LLC.</i> Contributor address; City; State; Zip Code [Redacted] <i>Washington DC 20001</i>	Amount of contribution (\$) <i>\$119.74</i>
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

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:
2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-9-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Theresa Preston-Warner</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Ross CA 94957</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-13-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanne Adams</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78404</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-13-24</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <i>26-4203364</i>) <i>Democracy Engine, LLC.</i>	Amount of contribution (\$) <i>\$95.95</i>
Contributor address; City; State; Zip Code [Redacted] <i>Washington DC 20001</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-13-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sally Clark Farris</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>San Antonio, TX 78230</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:
2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-13-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Bray</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78404</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-17-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elan Glickman</i>	Amount of contribution (\$) <i>\$7.14</i>
Contributor address; City; State; Zip Code [Redacted] <i>New Orleans LA 70119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-18-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Violette Blumenthal</i>	Amount of contribution (\$) <i>\$1.07</i>
Contributor address; City; State; Zip Code [Redacted] <i>Durham NC 27713</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9-19-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeffrey Timmons</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78411</i>		
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

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:
2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9-19-24</i>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <i>26-4203364</i>) <i>Democracy Engine, LLC</i> 6 Contributor address; City; State; Zip Code <i>Washington DC 20001</i>	7 Amount of contribution (\$) <i>\$962.84</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9-24-24</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <i>00027342</i>) <i>IBEW PAC Voluntary Fund</i> Contributor address; City; State; Zip Code <i>Washington DC 20001</i>	Amount of contribution (\$) <i>\$1000.00</i>
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

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 A2: <u>1</u>	
2 FILER NAME <u>James E. Klein</u>			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$ <u>427.06</u>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Bright</u>		8 Amount of Contribution \$	9 In-kind contribution description <u>room rentals food for campaign kickoff</u>
	7 Contributor address; City; State; Zip Code [REDACTED] <u>CC TX 78411</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)			11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		<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

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	2 FILER NAME James E. Klein	3 Filer ID (Ethics Commission Filers)
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4 Date 7-6-24	5 Payee name Robert Chapa
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6 Amount (\$) \$140.00	7 Payee address; 6018 Sweet Gum St	City; CC	State; TX	Zip Code 78415
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description T-shirt printing
	(c) <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
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Date 7-31-24	Payee name Gulf Coast Mailing Services
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Amount (\$) \$82.27	Payee address; 6901 SP10	City; CC	State; TX	Zip Code 78412
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description print push cards
	<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
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Date 8-28-24	Payee name Arrow Display Signs
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Amount (\$) \$660.33	Payee address; 1343 S. Staples St	City; CC	State; TX	Zip Code 78407
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description print yard signs
	<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
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME <i>James E. Klein</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9-9-24</i>	5 Payee name <i>Grunwald Printing</i>
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6 Amount (\$) <i>\$811.88</i>	7 Payee address; <i>1418 Morgan Ave</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78404</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printing expense</i>	(b) Description <i>print campaign signs</i>
	(c) <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
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Date <i>9-11-24</i>	Payee name <i>Gulf Coast Mailing Services</i>
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Amount (\$) <i>\$93.10</i>	Payee address; <i>6901 SP10</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78412</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing expenses</i>	Description <i>print push cards</i>
	<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
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Date <i>9-19-24</i>	Payee name <i>Arrow Display Signs</i>
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Amount (\$) <i>\$81.19</i>	Payee address; <i>1343 S. Staples St.</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78404</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing expense</i>	Description <i>print stickers</i>
	<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
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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 FILER NAME <i>James E. Klerh</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9-20-24</i>	5 Payee name <i>Bali's Grill</i>
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6 Amount (\$) <i>\$150.00</i>	7 Payee address; <i>3801 Agnes St.</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78405</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>food/beverage expense</i>	(b) Description <i>food for town hall</i>
	(c) <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	Office sought	Office held
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Date <i>9-23-24</i>	Payee name <i>Gulf Coast Mailing Services</i>
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Amount (\$) <i>\$93.10</i>	Payee address; <i>6901 SPID</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78412</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing expense</i>	Description <i>print push cards</i>
	<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	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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	Office held
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