CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 12 The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Claudia Α NAME Date Received LAST SUFFIX NICKNAME Zapata 4 CANDIDATE / APT / SUITE #; STATE: ZIP CODE ADDRESS / PO BOX: CITY: Kyle, TX 78640 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Amount \$ Receipt # CAMPAIGN MS / MRS / MR FIRST MI TREASURER Claudia Α Date Processed NAME LAST SUFFIX NICKNAME Date Imaged Zapata STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TREASURER Kyle, TX 78640 ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year Day Year COVERED 9 29 10 28 / 23 23 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Description ■ General Special 11 / 7 23 OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) 12 OFFICE Kyle City Council, District 4 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Claudia Zapata 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00 TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** 1,170.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 0.00 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS 809.39 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION 723.74 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by ____ this the _____ day of _, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration My name is Claudia Zapata , and my date of birth is Kyle TX` 78640 US My address is (street) (city) (state) (zip code) (country) a day of November Executed in Hays County, State of Texas 2023 , on the 1 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 FE	iler ID (Ethics Commis	ssion Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	945.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	4. SCHEDULE E: LOANS		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			769.16
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RITO FILER	ETURNED \$	25.44

If the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Guide explains how to complete this form.				
² FILER NAME Claudia Za	apata		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAG Lesley Hunt	G (ID#:)	7 Amount of contribution (\$)		
09/30/2023	6 Contributor address; City; Walnut Creek	State; Zip Code CA 94598	10.00		
8 Principal occu not employed	pation / Job title (See Instructions)	9 Employer (See Instruction not employed	tions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
10/02/2023	Contributor address; City; Kyle TX	State; Zip Code 78640	25.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct Department of Fam	ily and Protective Services		
Date	The state of the s	C (ID#:)	Amount of contribution (\$)		
10/02/2023	Mark Hemenway Contributor address; City; Char	State; Zip Code	10.00		
Principal occupation / Job title (See Instructions) Paralegal Employer (See Instructions) Geoffrey C. Hemenway					
Date	MARCO N. BOX MONTO	; (ID#:)	Amount of contribution (\$)		
10/02/2023	Beatriz Reynoso Contributor address; City;	State; Zip Code	100.00		
Harlingen TX 78552					
Principal occup Design Cons	pation / Job title (See Instructions) ulting	Employer (See Instruct Zir Design Consultir			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

If the reques	ted information is not applicable	e, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1: 5
2 FILER NAME Claudia Za	apata			3 Filer ID (Ethics Commission Filers)
4 Date 10/02/2023	5 Full name of contributorGilbert Guerra6 Contributor address;	City;	State; Zip Code	7 Amount of contribution (\$) 5.00
8 Principal occup Not Employee	pation / Job title (See Instructions)		9 Employer (See Instruct Not Employed	tions)
Date 10/09/2023	Full name of contributor Armida Cook Contributor address;	City;	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct Not Employed	ions)
Date 10/09/2023	Full name of contributor Patricia Bubenik Contributor address;	city;	State; Zip Code	Amount of contribution (\$) 5.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi Not Employed	ions)
Date 10/09/2023		out-of-state PAC City;		Amount of contribution (\$) 25.00
Principal occup Not Employed	ation / Job title (See Instructions)		Employer (See Instructi Not Employed	ons)
	ATTACH ADDITION	NAL COPIES C	F THIS SCHEDULE AS NE	EEDED
	If contributor is out-of-state PAC, pi	lease see mstru	and galactor additional re	

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to comp	plete this	form.	1 Total pages Schedule A1: 5	
² FILER NAME Claudia Za	apata			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-o	of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
10/10/2023	6 Contributor address; City W		State; Zip Code on DC 20037	20.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	Hone)	
Not Employe			Not Employed	uorisj	
Date	Full name of contributor out-o	of-state PAC	C (ID#:)	Amount of contribution (\$)	
10/11/2023	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · ·		25.00	
	Contributor address; City		State; Zip Code	25.00	
	Austin	n TX 7	8749		
Principal occup Substitute Te	ation / Job title (See Instructions) acher		Employer (See Instruct AISD	ions)	
Date	Full name of contributor out-o	of-state PAC	; (ID#:)	Amount of contribution (\$)	
	Alicia Perez			0 = 00	
10/11/2023	Contributor address; City		State; Zip Code	25.00	
		Austi	in TX 78703	20.00	
Principal occup Not Employe	ation / Job title (See Instructions)		Employer (See Instruct Not Employed	ions)	
Date		of-state PAC	; (ID#:)	Amount of contribution (\$)	
10/12/2023	Rosalie Nicholls Contributor address; City.		State; Zip Code	10.00	
			n TX 78748	10.00	
Principal occur	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
Not Employed			Not Employed		
	ATTACH ADDITIONAL C		OF THIS SCHEDULE AS Nuction guide for additional r		

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 5	
² FILER NAME Claudia Za	apata	1	3 Filer ID (Ethics Commission Filers)	
4 Date 10/12/2023	Susana Carranza 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 50.00	
	A	ustin TX 78701		
8 Principal occu Chemical Eng	pation / Job title (See Instructions) gineer	9 Employer (See Instruct Makel Engineering	More March	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)	
10/15/2023	Contributor address; City;	State; Zip Code X 78640	25.00	
	ation / Job title (See Instructions) ustomer Experience	Employer (See Instruct Aptible	ions)	
10/17/2023 Paul Saldana Contributor address; City;		State; Zip Code	Amount of contribution (\$) 150.00	
Principal occup PR	ation / Job title (See Instructions)	Employer (See Instruct Saldana Pr	ions)	
Date 10/18/2023	Full name of contributor Vanessa Fuentes Contributor address; City; Austin TX	State; Zip Code	Amount of contribution (\$)	
Principal occup Advocacy Str	ation / Job title (See Instructions) ategist	Employer (See Instruct	ions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to	1 Total pages Schedule A1: 5			
² FILER NAME Claudia Za	apata			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Ana Cortez	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
10/18/2023	6 Contributor address;	city; Manor	State; Zip Code	100.00	
8 Principal occup Self employed	pation / Job title (See Instructions)		9 Employer (See Instruc Self employed	tions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
10/18/2023	Damian Pantoja Contributor address;	city; Austin	State; Zip Code 1 TX 78741	50.00	
(2)	ation / Job title (See Instructions) Ingagement Specialist		Employer (See Instruct City of Austin	ions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
10/18/2023	Susanna Woody Contributor address;	city;	State; Zip Code	100.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	dons)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
10/18/2023	Rene Zapata Contributor address;	city;	State; Zip Code	100.00	
Principal occup	ation / Job title (See Instructions)	7100111	Employer (See Instruct	ions)	
	ATTACH ADDITIO	NAL COPIES (lease see instr	OF THIS SCHEDULE AS N uction guide for additional r	EEDED reporting requirements.	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expense)

Candidate/Officeholder/Politica		vpense Vages/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	T	3 Filer ID (Ethics Commission File	ers)	
2	Claudia Zapata				
4 Date	5 Payee name				
10/19/2023	Home Depot				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
38.84	3730 DRY HOLE DRIVE KYLE TX 7	8640			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Sign T-posts a	nd zip ties		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
10/19/2023	Q WAY MART				
Amount (\$)	Payee address;	City;	State; Zip Code		
2.70	404 REBEL ROAD KYLE TX 78640				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Food/Beverage Expense	Water for block	walking		
OF	, coargonage ampones	Trator for bloom	walling		
EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin,	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
10/12/2023	IMPRINT.COM				
Amount (\$)	Payee address;	City;	State; Zip Code		
292.28	14550 Beechnut St, Houston, TX 770	83-5741			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Printing Expense	Small yard sign	s		
OF EXPENDITURE					
2/11 2/12/12/12	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
0 1. 0	Candidate / Officeholder name	Office sought			
Complete ONLY if direct expenditure to benefit C/OH		Onice sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

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 Accounting/Banking Consulting Expense Contributions/Donations Made By

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries V The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)	
2	Claudia Zapata				
4 Date	5 Payee name				
10/08/2023	HOME DEPOT				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
50.34	3730 DRY HOLE DRIVE KYLE TX, 7	8640			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Advertising Expense	T-posts for car	mpaign signs		
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
10/06/2023	CAMPAIGN VERIFY				
Amount (\$)	Payee address;	City;	State; Zip Code		
95.00	1215 31ST STREET NW PO BOX 3554				
33.00	WASHINGTON, DC 20007-9998				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Polling Expense	Token for textl	oanking		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Complete ONLY if direct Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/Oh	1				
Date	Payee name				
10/04/2023	TEXAS DEMOCRATIC PARTY				
Amount (\$)	Payee address;	City;	State; Zip Code		
Amount (\$)	PO Box 15707, Austin, TX 78761	O.,	Cidio, Zip Code		
290.00	1 O Box 10107, Adding 174 1010	·			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Polling Expense	VAN			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		
Forms provided by Teyas Eth	ics Commission www.ethics.state.tx.u	IS	Revised 8/1	7/2020	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDIT	URE CAT	EGORIES	FOR	BOX	8(a
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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 Soficitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made Candidate/Officeholder/Politi- Credit Card Payment		Expense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a catego	
1 Total pages Schedule G:	² FILER NAME Claudia Zapata		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10/15/2023	Walgreens			
6 Amount (\$) 18,49 Reimbursement from political contributions intended	7 Payee address; 9801 Manchaca Rd, Austin, TX 78	City; 748	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Rally signs		-
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/14/2023	HEB			
Amount (\$) 21.74 Reimbursement from political contributions intended	Payee address; 5401 Farm to Market 1626, Kyle, T	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Food for meet a	and greets	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				-
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXPERIDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	,	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	ED	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 Sched	ule K: 1		
² FILER NAME Claudia Za	3 Filer ID (Ethics	Commission Filers)			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	IMPRINT.COM		- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	INIT TAILYT.OOM		05 44		
10/24/2023	6 Address of person from whom amount is received; City; State; Zip Code 14550 Beechnut St, Houston, TX 77083-5741				
	7 Purpose for which amount is received Check if p	political contribution re	eturned to filer		
	Refund for late expedited shipping on yard signs				
	The fact of the expedited shipping on yard signs				
Date	Name of person from whom amount is received	T	Amount (\$)		
Date			, (.,		
	Address of person from whom amount is received; City; Sta	te; Zip Code			
	Purpose for which amount is received Check if p	olitical contribution re	eturned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State	e; Zip Code			
	Purpose for which amount is received Check if p	olitical contribution re	turned to filer		
			80:		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State	e; Zip Code			
[
	Purpose for which amount is received Check if p	olitical contribution re	turned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					