

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **9**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR **(MR)**

FIRST

**MICHAEL**

MI

**A**

NICKNAME

LAST

**OROZCO**

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**5707 VANDERBILT AV**

**DAWNS, TX 75206**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(214) 236-0463**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR **(MR)**

FIRST

**MICHAEL**

MI

NICKNAME

LAST

**MONTONA**

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

**1919 JACKSON ST #1719**

**DAWNS, TX 75201**

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(214) 464-2280**

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

**01 / 21 / 2022**

THROUGH

Month

Day

Year

**02 / 19 / 2022**

11 ELECTION

ELECTION DATE

Month

Day

Year

**03 / 01 / 2022**

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

**PCF.5  
DALLAS COUNTY COMMISSAR**

13 OFFICE SOUGHT (if known)

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

FILED  
2022 FEB 22 PM 4:26  
JULIA H. WARTEN  
COUNTY CLERK  
DALLAS COUNTY  
TX

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

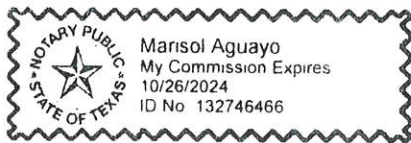
15 C/OH NAME <u>MICHAEL OREZCO</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4675.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12944.52</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3536.95</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>46,500.00</u>

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.

[Signature]  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Marisol Aguayo this the 22 day of February, 2022, to certify which, witness my hand and seal of office.

Marisol Aguayo Marisol Aguayo 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

Michael Crozo

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4675.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <del>42244.52</del>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12944.52
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: **3**

2 FILER NAME **MICHAEL OROZCO** 3 Filer ID (Ethics Commission Filers)

4 Date <b>1-21-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>APARTMENT ASSOCIATION GREATER DALLAS</b>	7 Amount of contribution (\$) <b>500.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>5728 LBJ FRM SUITE 100 DALLAS TX 75240</b>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <b>1-24-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD OROZCO SR</b>	Amount of contribution (\$) <b>1500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5707 VANDERBILT AV DALLAS TX 75206</b>		

Principal occupation / Job title (See Instructions) **RETIRED** Employer (See Instructions)

Date <b>2-1-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STONEWALL DEMOCRATS OF DALLAS</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX 192305 DALLAS, TX 75219</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>2-2-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FERNANDO MOCIBAIS</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX 570994 DALLAS, TX 75357</b>		

Principal occupation / Job title (See Instructions) **POLICE OFFICER** Employer (See Instructions)  
**CITY OF DALLAS**

**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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>MICHAEL OROZCO</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-4-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD OROZCO JR.</b>	7 Amount of contribution (\$) <b>250.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2825 VACHERIE LN DALLAS TX 75227</b>		
8 Principal occupation / Job title (See Instructions) <b>POLICE OFFICER</b>		9 Employer (See Instructions) <b>DISD</b>
Date <b>2-10-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUAN AYALA</b>	Amount of contribution (\$) <b>25.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>9688 ARBORHILL DALLAS, TX 75243</b>		
Principal occupation / Job title (See Instructions) <b>ADMIN</b>		Employer (See Instructions) <b>FEMA</b>
Date <b>2-13-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TINA SUHNE</b>	Amount of contribution (\$) <b>150.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3671 CROWBERRY WAY EULESS TX 76040</b>		
Principal occupation / Job title (See Instructions) <b>LEGAL SERVICE</b>		Employer (See Instructions) <b>SMC</b>
Date <b>2-13-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TOM WHITE</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5819 WINDING WOODS TRAIL DALLAS TX 75227</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: **3**

2 FILER NAME **MICHAEL OROZCO** 3 Filer ID (Ethics Commission Filers)

4 Date <b>2-16-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEAN CHALAKI</b>	7 Amount of contribution (\$) <b>1000.00</b>
	6 Contributor address; City; State; Zip Code <b>3234 COMMANDER SUITE 100 CARROLLTON TX 75006</b>	

8 Principal occupation / Job title (See Instructions) **LAWYER** 9 Employer (See Instructions) **SELF EMPLOYED**

Date <b>2-17-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOSEPH GARCIA</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>125 THAMES CIR WAXAHACHIE, TX 75165</b>	

Principal occupation / Job title (See Instructions) **DEPUTY CONSTABLE** Employer (See Instructions) **DAVENS COUNTY**

Date <b>2-18-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL OROZCO JR</b>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <b>2825 VACHERIE LN DAVIS TX 75227</b>	

Principal occupation / Job title (See Instructions) **POLICE OFFICER** Employer (See Instructions) **DISD**

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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# 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: <b>3</b>	2 FILER NAME <b>MICHAEL GROZIO</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1-27-22</b>	5 Payee name <b>IN FOCUS CAMPAIGNS LLC</b>
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6 Amount (\$) <b>389.64</b>	7 Payee address; City; State; Zip Code <b>PO BOX 10726 FORT WORTH, TX 76114</b>
--------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>PHONE BANK</b>
	(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 <b>1-27-22</b>	Payee name <b>K &amp; R SCREEN GRAPHICS</b>
------------------------	--

Amount (\$) <b>1405.68</b>	Payee address; City; State; Zip Code <b>3915 MAIN ST DALLAS, TX 75226</b>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	Description <b>SIGNS</b>
	<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 <b>2-1-22</b>	Payee name <b>K &amp; R SCREEN GRAPHICS</b>
-----------------------	--

Amount (\$) <b>500.00</b> <del>1405.68</del>	Payee address; City; State; Zip Code <b>3915 MAIN ST DALLAS TX 75226</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	Description <b>SIGNS</b>
	<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: <b>3</b>	2 FILER NAME <b>MICHAEL OROZCO</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2-2-22</b>	5 Payee name <b>DALLAS PROMO</b>
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6 Amount (\$) <b>1540.18</b>	7 Payee address; City; State; Zip Code <b>13101 PRESTON RD STE. 110-505 DALLAS TX 75240</b>
---------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	(b) Description <b>T-SHIRTS</b>
	(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 <b>2-7-22</b>	Payee name <b>DALLAS VOICE</b>
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Amount (\$) <b>960.00</b>	Payee address; City; State; Zip Code <b>1825 MARKET CENTER BLVD SUITE 240 DALLAS TX 75207</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	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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Date <b>2-16-22</b>	Payee name <b>MAIL HOUSE</b>
------------------------	---------------------------------

Amount (\$) <b>5780.22</b>	Payee address; City; State; Zip Code <b>4834 TOP LINE DALLAS TX 75247</b>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	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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# 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.

<b>1</b> Total pages Schedule F1: <p style="text-align:center; font-size: 2em;">3</p>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-17-22	<b>5</b> Payee name WALLS PRINTING COMPANY	
<b>6</b> Amount (\$) 2368.80	<b>7</b> Payee address; City; State; Zip Code 9171 KING ARTHUR DR DALLAS, TX 75247	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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