

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 89.
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI KENSLEY NICKNAME LAST SUFFIX STEWART	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # HAD Amount Date Processed Date Imaged [Signature] </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE # CITY STATE ZIP CODE 3916 TACOMA STREET IRVING, TX 75062		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 768-0767 (CELL)		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI DOUGLAS J NICKNAME LAST SUFFIX HARPER		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY STATE ZIP CODE 1117 S. DELAWARE S. IRVING, TX 75060-6054		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 438-3786 (H) 214-923-6864 (CELL)		
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 14 / 2011 THROUGH 4 / 14 / 2011		
11 ELECTION	ELECTION DATE Month Day Year 5 / 14 / 2011	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) CITY COUNCIL PLACE 3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box Apt. / Suite #: City State Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 661.⁰⁰₋

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,114.⁸⁶₋

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,373.⁴⁶₋

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

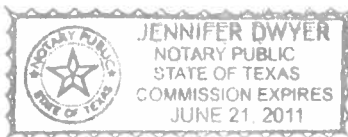
\$ 1,472.⁶⁹₋

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kensley Stewart
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kensley Stewart, this the 14th day of April, 20 11, to certify which, witness my hand and seal of office.

Jennifer Dwyer
Signature of officer administering oath

Jennifer Dwyer
Printed name of officer administering oath

notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 6	
2 FILER NAME KENSLEY STEWART		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-15-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DOUG & SUE HARPER 6 Contributor address; City; State; Zip Code 1117 S DELAWARE ST. IRVING, TX 75060	7 Amount of contribution (\$) 500. ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-25-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARVIN & BOBBIE RANDLE Contributor address; City; State; Zip Code 500 FARINE DR IRVING, TX 75062	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-15-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES EMBRY Contributor address; City; State; Zip Code 4027 H. BELTLINE RD. APT 2314 IRVING, TX 75038-7158	Amount of contribution (\$) 20. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-26-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSEPH MATELICH Contributor address; City; State; Zip Code 1305 MOSSWOOD LN. IRVING, TX 75061	Amount of contribution (\$) 50. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-3-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DOUG & SUE HARPER Contributor address; City; State; Zip Code 1117 S DELAWARE ST IRVING, TX 75060	Amount of contribution (\$) 140. ⁰⁰	In-kind contribution description (if applicable)
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 6	
2 FILER NAME KENSLEY STEWART		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-5-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DAVID A. BITTERMAN 6 Contributor address, City, State, Zip Code 520 JANEAR DR. COPPELL, TX 75019	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 3-5-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROBERT & MARY CHAPIN Contributor address, City, State, Zip Code 1013 N. SLEEPY HOLLOW DR. IRVING, TX 75061	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 3-5-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KENNETH & JANE EWING Contributor address, City, State, Zip Code 2524 CRESTVIEW CIR. IRVING, TX 75062-5305	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 3-3-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROY & HOLLY GETTING Contributor address, City, State, Zip Code 2208 RIFA CT. IRVING, TX 75060-7105	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 3-5-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) TOM SPINK - INS. DESIGN & ADMIN Contributor address, City, State, Zip Code 1403 E UNION BOWER RD. IRVING, TX 75061	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 6	
2 FILER NAME KENSLEY STEWART		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-4-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CECILE NEWBERRY 6 Contributor address; City; State; Zip Code 5540 MILLER AVE DALLAS, TX 75206-6427	7 Amount of contribution (\$) 25. ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-5-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NANCY TRESLER Contributor address; City; State; Zip Code 3310 RIDGEMONT IRVING, TX 75062	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-5-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J. OSCAR & KAYE WARD Contributor address; City; State; Zip Code 608 FARINE DR. IRVING, TX 75062	Amount of contribution (\$) 50. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-5-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NANCY WILSON Contributor address; City; State; Zip Code 2911 BRYN MAWR DR. IRVING, TX 75062	Amount of contribution (\$) 40. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-7-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHRISTOPHER HATLEY Contributor address; City; State; Zip Code 406 FALL CEDAR DR. FT. WORTH, TX 76108-3796	Amount of contribution (\$) 50. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 of 6

2 FILER NAME

KENSLEY STEWART

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-3-11

5 Full name of contributor

out-of-state PAC (ID# _____)

KENSLEY S. STEWART

6 Contributor address, City, State, Zip Code

9350 SHARTEL DR.
SHREVEPORT, LA 71118

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-14-11

Full name of contributor

out-of-state PAC (ID# _____)

BOYD & JONNA HAWKINS JR.

Contributor address, City, State, Zip Code

540 MELINDA ST.
IRVING, TX 75019

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-29-11

Full name of contributor

out-of-state PAC (ID# _____)

RICK & ANNE DEEM

Contributor address, City, State, Zip Code

722 WYCHE
IRVING, TX 75061

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-29-11

Full name of contributor

out-of-state PAC (ID# _____)

CLYDE & BEVERLY DE LOACH

Contributor address, City, State, Zip Code

1205 ICHABOD CT.
IRVING, TX 75061-4403

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-11

Full name of contributor

out-of-state PAC (ID# _____)

CATHY MEYER

Contributor address, City, State, Zip Code

1703 DOWLING DR.
IRVING, TX 75038-5949

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5 of 6

2 FILER NAME KENSLEY STEWART

3 ACCOUNT # (Ethics Commission Filers)

4 Date 2-14-11 5 Full name of contributor out-of-state PAC (ID# _____)

MATTHEW RINALDI
6 Contributor address; City; State; Zip Code
1616 CAMINO LOGO
IRVING, TX 75039

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

16.76
NAME BADGE
OFFICE DEPOT
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 2-18-11 Full name of contributor out-of-state PAC (ID# _____)

KENSLEY STEWART
Contributor address; City; State; Zip Code
3916 TACOMA ST.
IRVING, TX 75062

Amount of contribution (\$) In-kind contribution description (if applicable)

19.07
CAMPAIGN CARDS
FED-EX OFFICE
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2-27-11 Full name of contributor out-of-state PAC (ID# _____)

KENSLEY STEWART
Contributor address; City; State; Zip Code
3916 TACOMA ST
IRVING, TX 75062

Amount of contribution (\$) In-kind contribution description (if applicable)

1.93
CAMPAIGN QUESTIONS
COPY @ FED-EX
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3-1-11 Full name of contributor out-of-state PAC (ID# _____)

KENSLEY STEWART
Contributor address; City; State; Zip Code
3916 TACOMA ST
IRVING, TX 75062

Amount of contribution (\$) In-kind contribution description (if applicable)

6.50
CAMPAIGN FLYERS
COPY @ FED-EX
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3-2-11 Full name of contributor out-of-state PAC (ID# _____)

DOUG & SUE HARPER
Contributor address; City; State; Zip Code
1117 S DELAWARE ST
IRVING, TX 75060

Amount of contribution (\$) In-kind contribution description (if applicable)

1.34
COPY OF YARD SIGN
CAMPAIGN @ FED-EX
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6 of 6

2 FILER NAME STEWART KENSLEY

3 ACCOUNT # (Ethics Commission Filers)

4 Date 3-4-11

5 Full name of contributor out-of-state PAC (ID#) DOUG & SUE HARPER

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

3-4-11

6 Contributor address; City; State; Zip Code
1117 S. DELAWARE ST
IRVING, TX 75060

8.12
COPIES OF SIGN-IN SHEETS @ OM, JOL

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3-5-11

DOUG & SUE HARPER
Contributor address; City; State; Zip Code
1117 S. DELAWARE ST
IRVING, TX 75060

31.01
CAKE FOR KICK OFF PARTY SAN KRIGER

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3-4-11

DOUG & SUE HARPER
Contributor address; City; State; Zip Code
1117 S. DELAWARE ST
IRVING, TX 75060

23.30
FED-EX CHECK TO SUE CO. GOP STORE

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3-5-11

MATT RINALDI
Contributor address; City; State; Zip Code
1616 CAMINO LOGO
IRVING, TX 75039

17.44
BALLOONS FOR PARTY KICK OFF - PARTY CITY

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3-12-11

KENSLEY STEWART
Contributor address; City; State; Zip Code
3916 TACOMA ST.
IRVING, TX 75062

3.31
COPY DISTRICT PH LIST FOR CAMPAIGN FED-EX

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME KENSLEY STEWART		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-3-11		5 Payee name TEXAS GOP STORE			
6 Amount (\$) 882.73		7 Payee address; City; State; Zip Code 404 I-45 SOUTH HUNTSVILLE, TX 77340			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) YARD SIGNS / PRINTING	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-5-11		Payee name ASPEN CREEK			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 4300 WEST AIRPORT FREEWAY IRVING, TX 75062			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) KILL-OFF PARTY W/OUT TIP	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name MATTHEW RINALDI - REIMBURSE VISTA PRINT			
Amount (\$) 390.73		Payee address; City; State; Zip Code 1616 CAMINO LOGO IRVING, TX 75039			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN FLYERS / VISTA PRINT	
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			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

