

**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
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	Ms.	Georgia	
	NICKNAME	LAST	SUFFIX
		Provost	
OFFICE USE ONLY			
Date Received			
10/5/2015			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;		
	3821 N. Mc Gregor		
	APT/SUITE #;	CITY;	STATE; ZIP CODE
	Houston Texas 77004		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	942-7374	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	Mr.	Alan	
	NICKNAME	LAST	SUFFIX
		Helfman	
Receipt #		Amount	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (4807 Kirby Drive)	STREET ADDRESS (No PO Box Please);		
	Houston Texas 77098		
	APT/SUITE #;	CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	524-3801	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month	Day	Year
	7/14/2015		
THROUGH		Month	Day
		9/24/2015	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11/3/2015		<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 - At Large Position 1

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 FILER NAME Georgia Provost 15 Filer ID (Ethics Commission Filers)

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.

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Georgia Provost Campaign COMMITTEE ADDRESS 3821 N. McGregor Way Houston Tx 77004 COMMITTEE CAMPAIGN TREASURER NAME Helfman Alan COMMITTEE CAMPAIGN TREASURER ADDRESS 4807 Kirby Drive Houston Tx 77098
--	---	--

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$115.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1,956.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$1,341.69
	4	TOTAL POLITICAL EXPENDITURES	\$6,481.81
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$543.29
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 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.

Georgia Provost

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Georgia Provost		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,956.00
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$850.00
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4	SCHEDULE E: LOANS	\$0.00
5	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$6,481.81
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$0.00
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Georgia Provost			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)
	8/15/2015	6 Contributor address; City; State; Zip Code		\$0.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)
	8/15/2015	Dexter Handy 6 Contributor address; City; State; Zip Code Houston Tx 77007		\$500.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
			9	Retired
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)
	8/16/2015	Debra Balthazar 6 Contributor address; City; State; Zip Code Houston Tx 77030		\$25.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
			9	Retired
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)
	8/26/2015	Erskine Moorehead 6 Contributor address; City; State; Zip Code Houston Tx 77004		100.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
			9	Retired
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)	
8/26/2015	Henry Brown ----- 6 Contributor address; City; State; Zip Code Houston Tx 77004	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Retired	
9/14/2015	Eugene Barrington ----- 6 Contributor address; City; State; Zip Code Houston Tx 77396	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Retired	
9/14/2015	Charles Allen ----- 6 Contributor address; City; State; Zip Code Houston Tx 77015	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Deacon	
9/15/2015	Reese Buggs ----- 6 Contributor address; City; State; Zip Code Houston Tx 77021	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Retired	
9/15/2015	Johnny Gentry, Jr ----- 6 Contributor address; City; State; Zip Code Houston Tx 77021	7	Amount of contributions (\$) 100.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)	
9/15/2015	6 Contributor address; City; State; Zip Code Houston Tx 77021		100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Retired	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) C.D. Boulden	7	Amount of contributions (\$)
9/18/2015	6 Contributor address; City; State; Zip Code Houston Tx 77021		50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Pastor	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Oscar Collins	7	Amount of contributions (\$)
9/18/2015	6 Contributor address; City; State; Zip Code Houston Tx 77015		150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Businessman	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Deedrick Doyle	7	Amount of contributions (\$)
9/18/2015	6 Contributor address; City; State; Zip Code Houston Tx 77015		5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Truck Driver	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
---	----------------------------

2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
------------------------------	---------------------------------------

4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)			
	Denise Taylor					
	6 Contributor address; City; State; Zip Code					7 Amount of contributions (\$)
9/18/2015			Houston	Tx	77595	10.00

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

4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)			
	Cynthia Pharms					
	6 Contributor address; City; State; Zip Code					7 Amount of contributions (\$)
9/18/2015			Houston	Tx	77033	25.00

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

4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)			
	Veta Loggins					
	6 Contributor address; City; State; Zip Code					7 Amount of contributions (\$)
9/18/2015			Houston	Tx	77584	50.00

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

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

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A2:
---	----------------------------

2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$850.00
---	----------

5	Date	6 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)	8	Amount of contributions (\$)	9 In-Kind contribution description
	9/20/2015	Cynthia Larkin				850.00	Financial Services
		7 Contributor address; City; State; Zip Code					
				Katy Tx 77493	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions) Retired	11 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <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 expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/16/2015	5 Payee name Sam's Club	
6 Amount (\$) 50.18	7 Payee address; City; State; Zip Code 1615 S. Loop West Houston Tx 77054	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post cards
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/16/2015	5 Payee name Kwik Copy	
6 Amount (\$) 101.00	7 Payee address; City; State; Zip Code 4001 San Jacinto Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing flyers
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 7/17/2015	5 Payee name Lucheyna Wells		
6 Amount (\$) 175.00	7 Payee address; City; State; Zip Code 3831 N. McGregor Way Houston Tx 77004		
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Clerical
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 7/21/2015	5 Payee name Reginald Gordon	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code P.O.Box 88103 Houston Tx 77288	
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <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 expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/27/2015	5 Payee name City of Houston	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code P.O.Box 1562 Houston Tx 77251	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 7/27/2015	5 Payee name City of Houston	
6 Amount (\$) 20.00	7 Payee address; City; State; Zip Code P.O.Box 1562 Houston Tx 77251	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 7/31/2015	5 Payee name Unity National Bank		
6 Amount (\$) 11.33	7 Payee address; City; State; Zip Code P.O.Box 8272 Houston Tx 77004		
8 PURPOSE OF EXPENDITURE	(a) Category Fees	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 7/31/2015	5 Payee name Academy Awards	
6 Amount (\$) 14.07	7 Payee address; City; State; Zip Code 4106 Fannin St Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/31/2015	5 Payee name Sam's Club	
6 Amount (\$) 84.17	7 Payee address; City; State; Zip Code 1615 S. Loop West Houston Tx 77054	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copy paper/post cards
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/5/2015	5 Payee name Terrance Pace	
6 Amount (\$) 199.00	7 Payee address; City; State; Zip Code 2600 S. Loop West Houston Tx 77054	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	Push cards
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/5/2015	5 Payee name Kim Mayes		
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 2501 Blodgett Houston Tx 77004		

8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor/passing out push cards
--------------------------	---	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 8/5/2015	5 Payee name Sprint 2 Print	
6 Amount (\$) 700.00	7 Payee address; City; State; Zip Code 8748 Clay St Suite 300 Houston Tx 77021	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/6/2015	5 Payee name Exxon Gas Station	
6 Amount (\$) 41.75	7 Payee address; City; State; Zip Code 4782 Scott Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/7/2015	5 Payee name Gerald Shanks	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 2804 McGowan St Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/8/2015	5 Payee name Luby's		
6 Amount (\$) 32.59	7 Payee address; City; State; Zip Code 2400 S. McGregor Houston Tx 77004		

8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	<input type="checkbox"/>	(b) Description Volunteers Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
--------------------------	---	--------------------------	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 8/10/2015	5 Payee name United States Post Office	
6 Amount (\$) 102.78	7 Payee address; City; State; Zip Code 4110 Almeda Rd Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/11/2015	5 Payee name Academy Awards	
6 Amount (\$) 35.18	7 Payee address; City; State; Zip Code 4106 Fannin St Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Pins
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/12/2015	5 Payee name Sprint 2 Print	
6 Amount (\$) 788.44	7 Payee address; City; State; Zip Code 8748 Clay St Houston Tx 77021	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 8/12/2015	5 Payee name Micro Center		
6 Amount (\$) 85.43	7 Payee address; City; State; Zip Code 5305 S. Rice Houston Tx 77027		

8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toner
--------------------------	--	--------------------------	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		
--	---	--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 8/13/2015	5 Payee name Dollar Stone	
6 Amount (\$) 45.92	7 Payee address; City; State; Zip Code 9400 Cullen Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for Seniors
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/13/2015	5 Payee name Shirley Donuts	
6 Amount (\$) 23.94	7 Payee address; City; State; Zip Code 5603 Scott Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donuts for Seniors
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/15/2015	5 Payee name Sam's Club	
6 Amount (\$) 132.87	7 Payee address; City; State; Zip Code 1615 S. Loop West Houston Tx 77054	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/15/2015	5 Payee name Gordon Reaux		
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 3821 N. McGregor Way Houston Tx 77004		

8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Computer Services
--------------------------	---	--------------------------	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 8/17/2015	5 Payee name John Williams	
6 Amount (\$) 225.00	7 Payee address; City; State; Zip Code 4913 Cullen Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Delivered yard signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/17/2015	5 Payee name Kevin Moten	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 2425 Holly Hall #106 Houston Tx 77054	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Computer Services
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/24/2015	5 Payee name U.S Post Office	
6 Amount (\$) 147.03	7 Payee address; City; State; Zip Code 4110 Alameda Rd Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/24/2015	5 Payee name Lucheyna Wells		
6 Amount (\$) 160.00	7 Payee address; City; State; Zip Code 3831 N. McGregor Way Houston Tx 77004		
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 8/28/2015	5 Payee name New Destiny Church	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 13701 Player St Houston Tx 77045	
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <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 expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/31/2015	5 Payee name Unity National Bank	
6 Amount (\$) 47.34	7 Payee address; City; State; Zip Code P.O. Box 8277 Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/3/2015	5 Payee name U.S Post Office	
6 Amount (\$) 84.00	7 Payee address; City; State; Zip Code 4110 Alameda Rd Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/5/2015	5 Payee name Twelve Oaks Club		
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code 5320 Griggs Houston Tx 77021		

8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <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 expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 9/9/2015	5 Payee name Shirley Donuts	
6 Amount (\$) 33.10	7 Payee address; City; State; Zip Code 5603 Scott St Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donuts for Seniors
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/10/2015	5 Payee name Lucheyna Wells	
6 Amount (\$) 185.00	7 Payee address; City; State; Zip Code 3831 N. McGregor Way Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <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 expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/10/2015	5 Payee name Freny's	
6 Amount (\$) 53.30	7 Payee address; City; State; Zip Code 3919 Scott Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Food/Beverage Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteers
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 9/10/2015	5 Payee name U.S Post Office		
6 Amount (\$) 147.00	7 Payee address; City; State; Zip Code 4110 Alameda Rd Houston Tx 77004		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 9/11/2015	5 Payee name HEB	
6 Amount (\$) 34.34	7 Payee address; City; State; Zip Code 6102 Scott Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/11/2015	5 Payee name Pal's Custom Printing	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 11052 Dalebrook Dr Houston Tx 77016	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing flyers
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/15/2015	5 Payee name U.S Post Office	
6 Amount (\$) 167.00	7 Payee address; City; State; Zip Code 4110 Alameda Rd Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/17/2015	5 Payee name U.S Post Office		
6 Amount (\$) 49.00	7 Payee address; City; State; Zip Code 4110 Alameda Rd Houston Tx 77004		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 9/17/2015	5 Payee name Art Smith	
6 Amount (\$) 85.00	7 Payee address; City; State; Zip Code 5307 Sonora Houston Tx 77028	
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <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 expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/17/2015	5 Payee name Skip Flanagan	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 5300 Martin Luther King Houston Tx 77033	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/18/2015	5 Payee name Lucheyna Wells	
6 Amount (\$) 175.00	7 Payee address; City; State; Zip Code 3821 N. McGregor Way Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Salaries/Wages/Contract Labor	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 9/18/2015	5 Payee name This is it		
6 Amount (\$) 17.05	7 Payee address; City; State; Zip Code 2712 Blodgett Houston Tx 77004		

8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteers
--------------------------	---	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		
--	---	--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 9/18/2015	5 Payee name U.S Post Office	
6 Amount (\$) 21.00	7 Payee address; City; State; Zip Code 4110 Almeda Rd Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/20/2015	5 Payee name HEB	
6 Amount (\$) 38.00	7 Payee address; City; State; Zip Code 6102 Scott Houston Tx 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/20/2015	5 Payee name KPFT	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 401 Lovett Houston Tx 77006	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/21/2015	5 Payee name Kim Mayes		
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 2510 Blodgett Houston Tx 77004		

8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
--------------------------	---	--------------------------	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost	3 Filer ID (Ethics Commission filers)
4 Date 9/22/2015	5 Payee name Malik Kenyata	
6 Amount (\$) 125.00	7 Payee address; City; State; Zip Code 7304 Mesa Rd Houston Tx 77016	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <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 expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/22/2015	5 Payee name ABC parking	
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code Preston St Houston Tx 77021	
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/22/2015	5 Payee name Chris Latson	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 2205 King St Houston Tx 77028	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Georgia Provost		3 Filer ID (Ethics Commission filers)
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule I:	2 FILER NAME Georgia Provost	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (See instructions regarding type of information required)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED