

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:40%; border-bottom: 1px solid black;">FIRST</td> <td style="width:20%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td>Mr</td> <td>James</td> <td>A</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td>Pierce</td> <td>Jr</td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mr	James	A	NICKNAME	LAST	SUFFIX		Pierce	Jr	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-family: cursive;">4-24-25</div> </div>		
MS / MRS / MR	FIRST	MI															
Mr	James	A															
NICKNAME	LAST	SUFFIX															
	Pierce	Jr															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 3201 Emily Cir, Copperas Cove, TX 76522		<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Date Hand-delivered or Date Postmarked <div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; margin: 0 auto;"></div> </div>														
5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:40%; border-bottom: 1px solid black;">EXTENSION</td> </tr> <tr> <td>(706)</td> <td>627-3190</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(706)	627-3190									
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:40%; border-bottom: 1px solid black;">FIRST</td> <td style="width:20%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td>Mrs</td> <td>Elizabeth</td> <td>A</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td>Pierce</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mrs	Elizabeth	A	NICKNAME	LAST	SUFFIX		Pierce				
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Mrs	Elizabeth	A															
NICKNAME	LAST	SUFFIX															
	Pierce																
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 3201 Emily Cir, Copperas Cove, TX 76522																
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:40%; border-bottom: 1px solid black;">EXTENSION</td> </tr> <tr> <td>(254)</td> <td>338-8661</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(254)	338-8661									
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input checked="" type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:10%;"></td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>4</td> <td>3</td> <td>25</td> <td>THROUGH</td> <td>4</td> <td>23</td> <td>25</td> </tr> </table>			Month	Day	Year		Month	Day	Year	4	3	25	THROUGH	4	23	25
Month	Day	Year		Month	Day	Year											
4	3	25	THROUGH	4	23	25											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year 5 3 25 </td> <td style="width:60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 5 3 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special												
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12 OFFICE	OFFICE HELD (if any) CTC Place 3	13 OFFICE SOUGHT (if known) CTC Place 3															
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	<p style="font-size: 0.8em;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS						
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GO TO PAGE 2

CAMPAIGN FINANCE REPORT

COVER SHEET

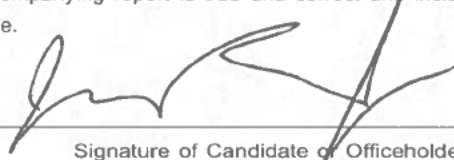
15* C/OH NAME
James A Pierce Jr

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,116.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,862.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 253.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

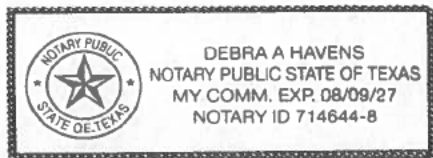
18 SIGNATURE

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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by JAMES PIERCE, JR. this the 24th day of April, 2025, to certify which, witness my hand and seal of office.

Debra Havens
Signature of officer administering oath

Debra Havens
Printed name of officer administering oath

Notary Public
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****James A Pierce Jr****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,116.09
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,804.08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 40.03
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME James A Pierce Jr		3 Filer ID (Ethics Commission Filers)
4 Date 5 APR 2025	<div>5 Full name of contributor out-of-state PAC (ID#: _____) Charles Rex Weaver</div> <div>6 Contributor address; City; State; Zip Code 12643 Oakalla Rd, Killeen, TX 76549</div>	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 5 APR 2025	<div>Full name of contributor out-of-state PAC (ID#: _____) Barbara Weaver</div> <div>Contributor address; City; State; Zip Code 12643 Oakalla Rd, Killeen, TX 76549</div>	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 14 APR 2025	<div>Full name of contributor out-of-state PAC (ID#: _____) Shawn Camp</div> <div>Contributor address; City; State; Zip Code 2709 E Hwy 190, Copperas Cove, TX 76522</div>	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 18 APR 2025	<div>Full name of contributor out-of-state PAC (ID#: _____) James W Clark III</div> <div>Contributor address; City; State; Zip Code 1406 S FM 116, Copperas Cove, TX 76522</div>	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

4 Date

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

City:

State; Zip Code

104.10

9 Employer (See Instructions)

Texas HHS

out-of-state PAC (ID#): _____

Amount of contribution (\$)

City;

State; Zip Code

156.15

Employer (See Instructions)

General Dynamics

out-of-state PAC (ID#:

Amount of contribution (\$)

City:

State: Zip Code

36.44

Employer (See Instructions)

Business owner

out-of-state PAC (ID#:

Amount of contribution (\$)

City;

State: Zip Code

260.25

Employer (See Instructions)

Retired

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME James A Pierce Jr		3 Filer ID (Ethics Commission Filers)
4 Date 11 Apr 2025	5 Full name of contributor out-of-state PAC (ID#: _____) Larry Robison	7 Amount of contribution (\$) 104.10
6 Contributor address; City; State; Zip Code 410 Robison Dr, Harker Heights, TX 76548		
8 Principal occupation / Job title (See Instructions) General Contractor		9 Employer (See Instructions) Central Texas Home Lawn Transitions
Date 11 Apr 2025	Full name of contributor out-of-state PAC (ID#: _____) Norman Mitchell	Amount of contribution (\$) 104.10
Contributor address; City; State; Zip Code 1912 Wanda St, Copperas Cove, TX 76522		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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 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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME James A Pierce Jr		3 Filer ID (Ethics Commission Filers)	
4 Date 04/21/2025		5 Payee name Devine Signs and Printing			
6 Amount (\$) 404.00		7 Payee address; City; State; Zip Code 210 W Ave E, Copperas Cove, TX 76522			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Political Signs		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name James A Pierce Jr		Office sought CTC Place 3	Office held CTC Place 3
Date 04/22/2025		Payee name Home Base			
Amount (\$) 68.08		Payee address; City; State; Zip Code 804 E Business 190, Copperas Cove, TX 76522			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description t-posts, zip ties		
	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 James A Pierce Jr		Office sought CTC Place 3	Office held CTC Place 3
Date 04/23/2025		Payee name Copperas Cove Leader Press			
Amount (\$) 225.00		Payee address; City; State; Zip Code PO Box 370, Copperas Cove, TX 76522			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Newspaper		
	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 James A Pierce Jr		Office sought CTC Place 3	Office held CTC Place 3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME James A Pierce Jr	3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2025	5 Payee name Killeen Daily Herald	
6 Amount (\$) 1,125.00	7 Payee address; City; State; Zip Code 1809 Florence Rd, Killeen, TX 76541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper
	(c) Check if travel outside of Texas. Complete Schedule T. 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 James A Pierce Jr CTC Place 3 CTC Place 3	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 1	2 FILER NAME James A Pierce Jr	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2025	5 Payee name WinRed Technical Services, LLC	
6 Amount (\$) 40.03	7 Payee address; 4250 Fairfax Dr Suite 600, Arlington, VA 22203	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donation Fees	(b) Description (See instructions regarding type of information required.) Fees
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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