

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: **(21)**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR **(MR)** FIRST MI

ASHISH

NICKNAME LAST SUFFIX

AGRAWAL

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

**6714 APSLEY CREEK LN
SUGAR LAND, TX 77479**

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(832) 786-9138

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR **(MR)** FIRST MI

ALANA

S

NICKNAME LAST SUFFIX

McKEE

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Dew Bridge Ct, Sugar Land TX 77479

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 224-4549

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 Month Day Year
01 / 15 / 2021 THROUGH 03 / 23 / 2021

11 ELECTION

ELECTION DATE

Month Day Year
05 / 01 / 2021

ELECTION TYPE

- Primary Runoff Other Description **SCHOOL BOARD**
- General Special

12 OFFICE

OFFICE HELD (if any)

—

13 OFFICE SOUGHT (if known)

FBI SD BOT POSITION # 2

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

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

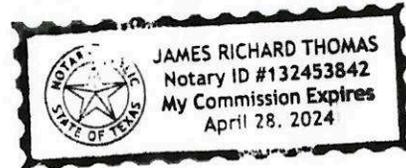
15 C/OH NAME ASHISH AGRAWAL		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,042/-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,464.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,582.50

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.

Ashish Agrawal

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by ASHISH AGRAWAL this the 30th day of March, 2024, to certify which, witness my hand and seal of office.

James R. Thomas Signature of officer administering oath
 James R. Thomas Printed name of officer administering oath
 Notary 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 ASITISH AGRAWAL		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,042/-
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 7,582.50
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,464.59
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: 8
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KIRAN RAJAYA	7 Amount of contribution (\$) \$100/-
6 Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THERESA AND BERT SINTUPHANT	Amount of contribution (\$) \$100/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MATTHEW GALPIN	Amount of contribution (\$) \$50/-
Contributor address; City; State; Zip Code HOUSTON TX 77011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MONICA AND GIRISH TANDON	Amount of contribution (\$) \$2,000/-
Contributor address; City; State; Zip Code SUGARLAND TX 77498		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: **8**

2 FILER NAME **ASHISH AGRAWAL**

3 Filer ID (Ethics Commission Filers)

4 Date
2/1/21

5 Full name of contributor out-of-state PAC (ID#: _____)
JAGRUTI AND HETESH PATEL

7 Amount of contribution (\$)

250/-

6 Contributor address; City; State; Zip Code
RICHMOND, TX 77047

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/4/21

Full name of contributor out-of-state PAC (ID#: _____)
JAN SCHARFMAN

Amount of contribution (\$)

\$100/-

Contributor address; City; State; Zip Code
SUGAR LAND TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/5/21

Full name of contributor out-of-state PAC (ID#: _____)
LARISSA AND ADAY SHARMA

Amount of contribution (\$)

\$1,000/-

Contributor address; City; State; Zip Code
SUGAR LAND, TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/7/21

Full name of contributor out-of-state PAC (ID#: _____)
GOPAL AGGARWAL

Amount of contribution (\$)

\$500/-

Contributor address; City; State; Zip Code
RICHMOND, TX 77407

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.

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: **8**

2 FILER NAME **ASHISH AGRAWAL**

3 Filer ID (Ethics Commission Filers)

4 Date **2/8/21** 5 Full name of contributor out-of-state PAC (ID#: _____)
RACHNA AND KAUSHAL SHAH

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
RICHMOND TX 77407

\$100/-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **2/8/21** Full name of contributor out-of-state PAC (ID#: _____)
ASHISH ARORA

Amount of contribution (\$)

Contributor address; City; State; Zip Code
SUGAR LAND, TX 77479

\$50/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/10/21** Full name of contributor out-of-state PAC (ID#: _____)
MANIKA AND PANKAJ ARORA

Amount of contribution (\$)

Contributor address; City; State; Zip Code
SUGAR LAND TX 77479

~~\$50/-~~
\$251/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/16/21** Full name of contributor out-of-state PAC (ID#: _____)
MANASI AND ASHT PANDYA

Amount of contribution (\$)

Contributor address; City; State; Zip Code
SUGAR LAND, TX 77479

\$151/-

Principal occupation / Job title (See Instructions)

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: **8**

2 FILER NAME **ASHISH AGRAWAL**

3 Filer ID (Ethics Commission Filers)

4 Date **2/22/21** 5 Full name of contributor out-of-state PAC (ID# _____)
KIRAN RAJAYA

7 Amount of contribution (\$)

\$100/-

6 Contributor address; City; State; Zip Code
SUGAR LAND TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **3/1/21** Full name of contributor out-of-state PAC (ID# _____)
INDO AMERICAN PAC

Amount of contribution (\$)

\$250/-

Contributor address; City; State; Zip Code
SUGAR LAND TX 77478

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/2/21** Full name of contributor out-of-state PAC (ID# _____)
MEYLIS HUMMEDOV

Amount of contribution (\$)

\$20/-

Contributor address; City; State; Zip Code
ROSENBERG TX 77469

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/2/21** Full name of contributor out-of-state PAC (ID# _____)
SAMEER MEHSANIA

Amount of contribution (\$)

\$250/-

Contributor address; City; State; Zip Code
SUGAR LAND, TX 77479

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.

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: **8**

2 FILER NAME

ASHISH AGRAWAL

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/21

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

ERIC SHELLY

7 Amount of contribution (\$)

20/-

6 Contributor address; City; State; Zip Code

RICHMOND TX 77407

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/3/21

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

DANTE PEDUZZI

Amount of contribution (\$)

\$25/-

Contributor address; City; State; Zip Code

SUGAR LAND TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/21

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

DHAVAL THAKKAR

Amount of contribution (\$)

\$500/-

Contributor address; City; State; Zip Code

SUGAR LAND TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/21

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

JIM HOLTZ

Amount of contribution (\$)

\$250/-

Contributor address; City; State; Zip Code

SUGAR LAND TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 8
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIFFANI AND SHAWN SIDOTI	7 Amount of contribution (\$) \$50/-
6 Contributor address; City; State; Zip Code SUGAR LAND TX 77478		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROZINA AND ZAHIRALI MAKHANEJIN	Amount of contribution (\$) \$500/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANIL BANJAL	Amount of contribution (\$) \$250/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAS AND MADHU KODURU	Amount of contribution (\$) \$200/-
Contributor address; City; State; Zip Code SUGAR LAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: **8**

2 FILER NAME
ASHISH AGRAWAL

3 Filer ID (Ethics Commission Filers)

4 Date
3/21/21

5 Full name of contributor out-of-state PAC (ID#: _____)
THARA NARASIMHAN

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
SUGAR LAND TX 77479

\$25/-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/21/21

Full name of contributor out-of-state PAC (ID#: _____)
DIHARANI PATTABI

Amount of contribution (\$)

Contributor address; City; State; Zip Code
SUGAR LAND TX 77479

\$200/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/23/21

Full name of contributor out-of-state PAC (ID#: _____)
ADEEL MAKNOJIA

Amount of contribution (\$)

Contributor address; City; State; Zip Code
SUGAR LAND TX 77479

\$200/-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/23/21

Full name of contributor out-of-state PAC (ID#: _____)
JISU KULANGARA

Amount of contribution (\$)

Contributor address; City; State; Zip Code
STAFFORD, TX

\$100/-

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.

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: **8**

2 FILER NAME

ASHISH AGRAWAL

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/21

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

ASEF SAYANI

7 Amount of contribution (\$)

\$100/-

6 Contributor address; City; State; Zip Code

SUGAR LAND TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/21

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

KAMRAN MAKHDOOM

Amount of contribution (\$)

\$250/-

Contributor address; City; State; Zip Code

SUGAR LAND TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/21

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

GOROLA DAWODU

Amount of contribution (\$)

\$100/-

Contributor address; City; State; Zip Code

SUGAR LAND TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

LOANS

SCHEDULE E

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 E: ②
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 82.50
5 Date of loan 1/15/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) ASHISH AGRAWAL	9 Loan Amount (\$) \$700/-
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code SUGAR LAND TX 77479	10 Interest rate _____
		11 Maturity date _____
12 Principal occupation / Job title (See Instructions) _____		13 Employer (See Instructions) _____
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions) _____		21 Employer (See Instructions) _____
Date of loan 1/19/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) ASHISH AGRAWAL	Loan Amount (\$) \$5,000/-
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code SUGAR LAND TX 77479	Interest rate _____
		Maturity date _____
Principal occupation / Job title (See Instructions) _____		Employer (See Instructions) _____
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions) _____		Employer (See Instructions) _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E: 2
2 FILER NAME ASHISH AGRAWAL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 82.50
5 Date of loan 1/22/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHISH AGRAWAL	9 Loan Amount (\$) \$1,500/-
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code SUGAR LAND TX 77479	10 Interest rate —
		11 Maturity date —
12 Principal occupation / Job title (See Instructions) —		13 Employer (See Instructions) —
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 1/23/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHISH AGRAWAL	Loan Amount (\$) \$300/-
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code SUGAR LAND TX 77479	Interest rate —
		Maturity date —
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) —
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date 1/15/21	5 Payee name TEXAS CAMPAIGNS	
6 Amount (\$) \$700/-	7 Payee address; City; State; Zip Code 9600 GLENFIELD Ct Houston TX 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP	(b) Description ADVISOR
	(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
Date 1/22/21	Payee name DREAM FILM STUDIOS	
Amount (\$) \$1,500/-	Payee address; City; State; Zip Code 935 ELDRIDGE RD Sugarland TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP	Description MEDIA
	<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 1/23/21	Payee name MR JI CONNECTIONS	
Amount (\$) \$300/-	Payee address; City; State; Zip Code P.O. Box 2082 Missouri City TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP	Description ADVISOR
	<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

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 ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
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4 Date 1/28/21	5 Payee name HOT COFFEES DIGITAL MARKETING
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6 Amount (\$) \$30/-	7 Payee address; City; State; Zip Code MISSOURI CITY TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description CAMPAIGN MATERIAL
	(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 1/29/21	Payee name MINUTEMAN PRESS
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Amount (\$) \$3,244/-	Payee address; City; State; Zip Code 1324 PIN OAK RD KATY TX 77494
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP	Description CAMPAIGN MATERIAL
	(c) <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 1/31/21	Payee name TEXAS CAMPAIGNS
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Amount (\$) \$25/-	Payee address; City; State; Zip Code 9600 GLENFIELD CT HOUSTON TX 77096
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP	Description REIMBURSE FOR FUEL FROM COUNTY
	(c) <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 | 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: ⑧	2 FILER NAME ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
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4 Date 2/4/21	5 Payee name CONSTELLATION FIELD
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6 Amount (\$) \$150/-	7 Payee address; City; State; Zip Code 1 STADIUM DR. SUGARLAND TX 77498
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXP	(b) Description KICK OFF EVENT HALL
	(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 2/4/21	Payee name DJ LEE
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Amount (\$) \$80/-	Payee address; City; State; Zip Code HOUSTON TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description KICK OFF SOUND SYS
	<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 2/4/21	Payee name CHEDDARS
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Amount (\$) \$82.50	Payee address; City; State; Zip Code 803 BONAVENTURE WAY SUGARLAND TX 77478
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEV EXP	Description KICK OFF CAMPAIGN TOWN FOOD
	<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

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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: 8	2 FILER NAME ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date 2/6/21	5 Payee name SHEPLEY DONUT	
6 Amount (\$) \$246.40	7 Payee address; City; State; Zip Code 6512 US90 ALT SUGARLAND TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEV EXP	(b) Description MEALS FOR HEALTHCARE WORKERS
	(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
Date 2/10/21	Payee name BILLY'S DONUT	
Amount (\$) \$215/-	Payee address; City; State; Zip Code 17310 W GRAND PKWYS SUGARLAND TX 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEV EXP	Description MEALS FOR HEALTHCARE WORKERS
	<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
Date 2/16/21	Payee name TEXAS CAMPAIGNS	
Amount (\$) \$700/-	Payee address; City; State; Zip Code 9600 GLENFIELD CT HOUSTON TX 77096	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP	Description ADVISOR
	<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

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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: 8	2 FILER NAME ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date 2/16/21	5 Payee name MR. Ji CONNECTIONS	
6 Amount (\$) \$300/-	7 Payee address; P.O. Box 2082	City; State; Zip Code MISSOURI CITY TX 77459
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP	(b) Description ADVISOR
	(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
Date 3/2/21	Payee name HOT COFFEE DIGITAL MARKETING	
Amount (\$) \$30/-	Payee address; MISSOURI CITY TX	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description CAMPAIGN MATERIAL
	<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 3/4/21	Payee name BANK OF AMERICA	
Amount (\$) \$44.98	Payee address; MISSOURI CITY TX	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	Description FEES
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8	2 FILER NAME ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date 3/6/21	5 Payee name AMERICAN CARIBBEAN CHAMBER OF COMMERCE	
6 Amount (\$) \$500/-	7 Payee address; City; State; Zip Code 6201 BONHAMME STB 214 HOUSTON TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description INT'L WOMENS DAY
	(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
Date 3/12/21	Payee name TEXAS CAMPAIGNS	
Amount (\$) \$700/-	Payee address; City; State; Zip Code 9600 GLENFIELD CT HOUSTON TX 77096	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP	Description ADVISOR
	<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
Date 3/12/21	Payee name MR. S. CONNECTIONS	
Amount (\$) \$300/-	Payee address; City; State; Zip Code P.O. BOX 2082 MISSOURI CITY TX 77459	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP	Description ADVISOR
	<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

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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: 8	2 FILER NAME ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date 3/13/21	5 Payee name A MEDIA	
6 Amount (\$) \$80/-	7 Payee address; City; State; Zip Code HOUSTON TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP	(b) Description CAMPAIGN MATERIAL
	(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
Date 3/15/21	Payee name MUNE MASALA	
Amount (\$) \$750/-	Payee address; City; State; Zip Code 2721 FIELDSTONE SUGARLAND TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description MEDIA
	<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 3/21/21	Payee name HOME DEPOT	
Amount (\$) \$122.82	Payee address; City; State; Zip Code 6850 SFRY RD KATY TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description SIGN SUPPLIES
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: ①	2 FILER NAME ASHISH AGRAWAL	3 Filer ID (Ethics Commission Filers)
4 Date 3/21/21	5 Payee name TEXAS CAMPAIGNS	
6 Amount (\$) \$33,89	7 Payee address; City; State; Zip Code 9600 GLEN FIELD CT HOUSTON TX 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSTRUCTING EXP	(b) Description ADVISOR
	(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
Date 3/22/21	Payee name MINUTEMAN PRESS	
Amount (\$) \$3,330/-	Payee address; City; State; Zip Code 1324 PIN OAK RD KATY TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP	Description CAMPAIGN MATERIAL
	<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	
PURPOSE OF EXPENDITURE	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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