# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	er ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr first My. Chrig	Ľ	OFFICE USE ONLY
1.0.10	NICKNAME LAST	SUFFIX	Date Received 4(25/24
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE: ZIP CODE	Sami Quinlan Asst. City Secret
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 203 - 058/	EXTENSION	Date Hand-delivered or Date Postmarked  4/25/24  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST JOHN	₽ <sup>M</sup>	Date Processed
	sebastian	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	city; convoe Tx 773	STATE; ZIP CODE
(Residence or Business)		7 110	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( 936 ) 203 - 0867	EXTENSION	
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 13 / 26 / 2024 T	HROUGH 04	Day Year / 24 / 2024
11 ELECTION	Month Day Year Primary General	Runoff Clher Description Special	· 
12 OFFICE	Council City POSZ	13 OFFICE SOUGHT (if known	juncil Pos
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTE THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAT CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO RE COMMITTEE TYPE COMMITTEE NAME	VE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages COMMITTEE ADDRESS		,	
1	SPECIFIC COMMITTEE CAMPAIGN TREASURER		
	COMMITTEE CAMPAIGN TREASURES	K ADDRESS	
	GO TO PAG	E 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Curtis L. Mac	ldy	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	\$ \$ 11,05734	
:	2. TOTAL POLITICAL CONTRIBUTI (OTHER THAN PLEDGES, LOANS, C		\$ \$ 19,6500	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$ \$ 30,70734	
	4. TOTAL POLITICAL EXPENDITUR	ES	\$ \$13,24700	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAS	* \$ 17,460 32	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		* *	
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	e either option below	r:	
(1) Affidavit	CHERILYN WILLIAMS Notary Public, State of Texas Comm. Expires 10-12-2025 Notary ID 13333651-1			
NOTARY STAMP/SEAL	0 1 11 1	/ .	2-44 1 .1	
Sworn to and subscribed before		this the	day of April,	
20 94, to certify which	ch, witness my hand and seal of office.	Williams	Notary	
Signature of officer administering	oath Printed name of officer a	dministering oath	Title of officer administering oath	
(2) Unsworn Declaration	OR			
My name is		, and my date of birth is	·	
	,			
	(street)	1 77	state) (zip code) (country)	
Executed in	County, State of , o	on the day of (month	), 20 (year)	
		Signature of Candid	late/Officeholder (Declarant)	

## **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics of	Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$19,650	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ \$3,000	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ \$	
4. SCHEDULE E: LOANS	\$ 4	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$13.247	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	H \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$		

## 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	Curtis L. Maddy		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/24	Annette Spikes  6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
20/24	Contributor address; City;	State; Zip Code	\$ 100°°
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Scott Gordon	(ID#:)	Amount of contribution (\$)
74/24	Contributor address; City;	State; Zip Code	\$1,500
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions) Properties
Date 4/1/14	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)			
			•
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED

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

#### SCHEDULE A1

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

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	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	FILER NAME	Curtis L. Maddux	3 Filer ID (Ethics Commission Filers)
4	Date  Hylly	5 Full name of contributor   out-of-state PAC (ID#:)  Ryg Good M  6 Contributor address; City; State; Zip Code  Aut 17056	7 Amount of contribution (\$)
8	Principal occu	Dation / Job title (See Instructions)  9 Employer (See Instructions)	properties
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	4/15/24	Contributor address; City; State; Zip Code Sacramento, Ca96834	\$ 10,00000
	Principal occup	Rea Estate Employer (See Instructions)  Employer (See Instructions)  Inves	
	Date 4/18/24	Full name of contributor	Amount of contribution (\$)  \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Principal occup	Partion / Job title (See Instructions)  Employer (See Instructions)  Tem 6	state
	Principal occup	Full name of contributor	

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

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

	ii tile reques	ted information is not applicable, <b>be not information bage in the</b>			
	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2	FILER NAME	Curtis L. Maddux	3 Filer ID (Ethics Commission Filers)		
4	Hb/W	5 Full name of contributor	7 Amount of contribution (\$)		
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)  Real Co	tions)		
	Date	Full name of contributor	Amount of contribution (\$)		
	Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)			
	Date 4/15/14	Full name of contributor   out-of-state PAC (ID#:)  Padlo  Contributor address; City; State; Zip Code  Comble   Y 1770   17	Amount of contribution (\$)		
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	otions)		
	Date 4/10/W	Full name of contributor	Amount of contribution (\$)  \$1,250°C		
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	etions)		
	e e				
_	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

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	Curtis L. Mai	ddvx	3 Filer ID (Ethics Commission Filers)	
4 Date 4/17/14	6 Contributor address; City;	State; Zip Code  W 1x 786 8	7 Amount of contribution (\$)	
8 Principal occup	Dealton / Job title (See Instructions)  Realtors	9 Employer (See Instruc	tions)	
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor ☐ out-of-state PAC Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date		C (ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occu	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDUL F AS	NEEDED	
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

		EXPENDITURE CAT	EGUNIES FC	A BOX o(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Food Gift/	nt Expense s d/Beverage Expense Awards/Memorials Expense al Services	Office Overhe Polling Exper Printing Expe		Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
Gredit Card Payment	Th	ne Instruction Guide expl	ains how to con	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	Curtis L. 1	Nadd.	X	3 Filer ID (Ethics	s Commission Filers)
4 Date April 1,2002	5 Payee name	FFIN				
6 Amount (\$)	7 Payee addres	s;		City;	State;	Zip Code
\$500				Convoe	The	77304
8	(a) Category (Se	e Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	6	statement		ŀ	Zank -	re
	(c) Chec	k if travel outside of Texas. Comple	te Schedule T.	Check if Aus	stin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	A /	Officeholder name	νχ	Office sought	ncil Posz	Office held
Date	Payee name					
4/1/24		Texas	GOP			
Amount (\$)	Payee addres	38;		City;	State;	Zip Code
\$1,21781		Hunt	sville	++	7730	) 0
1000	Category (See	Categories listed at the top of the	his schedule)	Description		
PURPOSE OF EXPENDITURE	C	augaign l	it.	P	ush Co	rds
	Chec	k if travel outside of Texas. Comple	te Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate /	Officeholder name	1.1	Office sought	4 -	Office held
expenditure to benefit C/Oh	· w	tis L. Ma	ddvx	CityCon	mailles-Z	P057
Date	Payee name	_				
40/24		Speed \$	rinti			
Amount (\$)	Payee addres	ss;		City;	State;	Zip Code
\$ 650		1) allas	C	it con	roc To	77300
	Category (See	e Categories listed at the top of the	his schedule)	Description		
PURPOSE OF EXPENDITURE	Da	or Honge	15	Ca	Mpaisn	Pushlad
	Chec	ck if travel outside of Texas. Comple	nte Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	A .	Officeholder name  UMAND	V	Office sought	ul fos 2	Office held
	ATTAC	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NE	EDED	
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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.

	The state of the s	me ame bage m me rebern	
EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin I Committee Legal Services Sala	Repayment/Reimbursement ce Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
1 T-4-1 O-1 - 1-1 - E4-1	The Instruction Guide explains how		
	2 FILER NAME CUYLI'S L. Maa	3 Filer ID (Ethics Commission Filers)	
4 Date 4 4 24	5 Payee name	Parks	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$1750		Conve 7 77301	
8	(a) Category (See Categories listed at the top of this schedule		
PURPOSE OF EXPENDITURE	Compaign	Meet 2, Greet	
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Y City Commil 1952 Post	
Date 414124	Payee name  Metro Men	dia Services	
Amount (\$)	Payee address;	City; State; Zip Code	
* 355°°		Convoe H 77205	
	Category (See Categories listed at the top of this schedu		
PURPOSE OF EXPENDITURE	Media Services	Caupaign digital	
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  White L. Madd	Office sought Office held  Office held  Office held  Office held	
Date	Payee name		
4/5/24	Friends of	Susan Johnson	
Amount (\$)	Payee address;	City; State; Zip Code	
9500°	Co	wor W 77302	
	Category (See Categories listed at the top of this schedu	e) Description	
PURPOSE OF EXPENDITURE	Donaton	Campaign	
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OF	mvsis L. Maddun	City Cower Pos 2 Pos Z	

## 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

**Event Expense** Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME CWH'S L. Maddux 3 Filer ID (Ethics Commission Filers)	
4 Date 4 1 1 W	5 Payee name Convoe sleed drintu	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 6200	Dallas St. Corre of 77302	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Compaign Door Hangers	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office holder name  Cincontinuity (Office sought 1067 Office held 1057)	
Date	Payee name  Trild Management Communications	
	18dd yoncey company	
Amount (\$)	Payee address; City; State; Zip Code	
41,2000	Conrue Le 77305	
	Category (See Categories listed at the top of this schedule)  Description	
PURPOSE OF EXPENDITURE	Meet 2, Greent A.S. Bental of A.S. Isplit	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name  Office sought  Office held  City Couveil 165 2 Pos 2	
Date 4   19   W	Todd Vancey Campary	
Amount (\$)	Payee address; Clty; State; Zip Code	
47;000	Convu 4 72305	
	Category (See Categories listed at the top of this schedule)  Description	
PURPOSE OF EXPENDITURE	Youth Anchin MCT Asplit Grand Champ, Chicken	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Office sought  Office held  Office held  Office held  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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Gradit Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Other (enter a category not listed above)

Ortinouions/Donations Made by Gift/Awards/Memorials Expense Printing Expense
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor redit Card Payment

The Instruction Guide explains how to complete this form

Credit Card Payment	The Instruction Guide explains how to complete this form.	1
1 Total pages Schedule F1:	: 2 FILER NAME VI Muddel 3 Filer ID (Ethics Commiss	sion Filers)
4 Date 4 15 W	5 Payee name Morie Tunovative	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$ 3;000	Amssville to 773	40
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Manage Compaign Compaign Servi	Tey
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office holder name  OH CANTIS I. MINGLEY COWNI 1067  Office h	
Date	Payee name	
4/29/24	Texas Gop	
Amount (\$)	Payee address; City; State; Zip C	Code
\$ 471.67	Amtsville TX 7739	0
	Category (See Categories listed at the top of this schedule)  Description	
PURPOSE OF EXPENDITURE	Campuign Signs 4x4	
	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 / Office holder name  Office sought  Office holder name  Office holder name  Office sought  Office holder name	Peg Z
Date U/W 24	Payee name Moxie Innovative	
Amount (\$)	Payee address; City; State; Zip 0	Code
41,99735	Huntsville 40 773	340
	Category (See Categories listed at the top of this schedule)  Description	
PURPOSE OF EXPENDITURE	Compaign Mail outs	
	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/Ol	Candidate / Officeholder name Office sought	neld 7
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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 A2:		
2 FILER NAME CUYTIS L. Maddy	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$ . \$ 3,000		
5 Date 6 Full name of contributor out-of-state PAC (ID#:  AT Proplem at the Owen (Righ)  7 Contributor address; City: State;  10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  12 Contributor's principal occupation (FOR JUDICIAL)  14 Contributor's employer/law firm (FOR JUDICIAL)	8 Amount of Contribution \$\frac{9}{100000000000000000000000000000000000		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description  Zip Code  Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)  Milstad Storage		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF  If contributor is out-of-state PAC, please see Instruct	THIS SCHEDULE AS NEEDED ion guide for additional reporting requirements.		