

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <u>Mrs.</u> FIRST: <u>Rebecca</u> MI: _____ NICKNAME: <u>Becky</u> LAST: <u>Rebles</u> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>2712 Chatterton Dr.</u> APT / SUITE #: _____ CITY: <u>San Angelo TX</u> STATE: _____ ZIP CODE: <u>76904</u>	DEC 20 2024	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <u>(325)</u> PHONE NUMBER: <u>234-9572</u> EXTENSION: _____	Date Received	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <u>Mrs.</u> FIRST: <u>Dalena</u> MI: _____ NICKNAME: _____ LAST: <u>Freeman</u> SUFFIX: _____	Date Hand-delivered or Date Postmarked	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>3321 N. Veribest Park Rd</u> APT / SUITE #: _____ CITY: <u>Veribest TX</u> STATE: _____ ZIP CODE: <u>76861</u>	Receipt #	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <u>(325)</u> PHONE NUMBER: <u>656-1667</u> EXTENSION: _____	Amount \$	
<b>9 REPORT TYPE</b>	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year <u>7 / 1 / 2024</u> THROUGH <u>12 / 31 / 2024</u>		
<b>11 ELECTION</b>	ELECTION DATE: Month Day Year <u>11 / 5 / 2024</u>	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any): <u>Tax Assessor Collector</u>	<b>13 OFFICE SOUGHT</b> (if known):	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

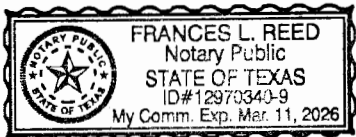
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4851.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3467.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1383.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

*Becky Robles*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Becky Robles this the 20th day of December

2024, to certify which, witness my hand and seal of office.

*Frances L. Reed*

FRANCES L. REED

NOTARY PUBLIC

Signature of officer administering oath

Printed name of officer administering oath

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)

# 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 <i>Rebecca (Becky) Robles</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/22/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stefanie Bass</i>	7 Amount of contribution (\$) <i>500<sup>00</sup>-</i>
6 Contributor address; City; State; Zip Code <i>1601 Stonetrace Dr. SATX 76904</i>		
8 Principal occupation / Job title (See Instructions) <i>-</i>		9 Employer (See Instructions) <i>-</i>
Date <i>1/28/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shawn Poyner</i>	Amount of contribution (\$) <i>100<sup>00</sup>-</i>
Contributor address; City; State; Zip Code <i>16132 Pinehurst SA TX 76904</i>		
Principal occupation / Job title (See Instructions) <i>-</i>		Employer (See Instructions) <i>-</i>
Date <i>2/12/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rob Hargraves</i>	Amount of contribution (\$) <i>50<sup>00</sup>-</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Card dealer</i>		Employer (See Instructions)
Date <i>2/16/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike + Treva Boyd</i>	Amount of contribution (\$) <i>200<sup>00</sup>-</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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.

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" 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:
2 FILER NAME <i>Rebecca (Becky) Robles</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pick + Johanna Dehoyos</i>	7 Amount of contribution (\$) <i>1000<sup>00</sup>-</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions)
Date <i>3-1-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randall Motors / Matt Randall</i>	Amount of contribution (\$) <i>501<sup>00</sup>-</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Car dealership</i>		Employer (See Instructions)
Date <i>2/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TREPAC/TX Assoc. of Realtors</i>	Amount of contribution (\$) <i>2500<sup>00</sup>-</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

**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 FILER NAME

Rebecca (Becky) Robles

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

11-28-23

7 Name of lender

Becky Robles

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

750<sup>00</sup>

6 Is lender a financial institution?

Y  N

8 Lender address;

City;

State;

Zip Code

2712 Chatterton Dr. San Angelo TX 76904

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

TAX ASSESSOR

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

1-10-24

Name of lender

Becky Robles

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

1709<sup>25</sup>

Is lender a financial institution?

Y N

Lender address;

City;

State;

Zip Code

2712 Chatterton Dr. SA TX 76904

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Tax Assessor

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

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                        | 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 FILER NAME <i>Rebecca Becky Robias</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-4-24</i>	5 Payee name <i>Star Stop #22</i>
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6 Amount (\$) <i>62<sup>01</sup></i>	7 Payee address; City; State; Zip Code <i>Sherwood Way San Angelo TX 76904</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>GAS</i>	(b) Description <i>GAS to put out Political Signs</i>
	(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 <i>3-5-24</i>	Payee name <i>Nacho's Restaurant</i>
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Amount (\$) <i>500<sup>00</sup></i>	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Watch Party</i>
	<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 <i>4-8-24</i>	Payee name <i>Papel</i>
-----------------------	----------------------------

Amount (\$) <i>40.05</i>	Payee address; City; State; Zip Code <i>20 Howard St. San Angelo TX 76903</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>Thank You Cards</i>
	<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 <i>Rebecca Robias</i>	Office sought <i>Tax Assessor Collector Same</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 G: <b>2</b>	2 FILER NAME <b>Rebecca (Becky) Rebios</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1-10-24</b>	5 Payee name <b>Isi 2 / Lighted Signs 2 Inc</b>	
6 Amount (\$) <b>1709.25</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>210 N. Chadbourne San Angelo TX 76903</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Yard Signs</b>
	(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 <b>11/28/23</b>	Payee name <b>TGC Republican Headquarters</b>	
Amount (\$) <b>750.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>Johnson St. San Angelo TX 76903</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>fees</b>	Description <b>filing fee</b>
	<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 <b>1-17-24 / 2-21-24</b>	Payee name <b>Napolis Italian</b>	
Amount (\$) <b>60.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>Kniekerbocker San Angelo TX 76903</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage</b>	Description <b>forum lunches</b>
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Rebecca (Becky) Kobles</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-22-24</b>	5 Payee name <b>Bentwood C.C.</b>	
6 Amount (\$) <b>20.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <b>Bentwood Dr.</b>	City; State; Zip Code <b>San Angelo TX 76904</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Forum Lunch</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH		
Date <b>3-5-24</b>	Payee name <b>Nachos Restaurant</b>	
Amount (\$) <b>13.75</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code <b>San Angelo TX 76904</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Watch Party / had to split ticket card would be for \$50.00</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH		
Date <b>4-8-24</b>	Payee name <b>Papa</b>	
Amount (\$) <b>40.05</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code <b>20 Howard St. San Angelo TX 76901</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>Thank You Cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH <b>Rebecca Kobles Tax Assessor/Collector Same</b>		

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