

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
*Nancy E*  
NICKNAME LAST SUFFIX  
*Rister*

OFFICE USE ONLY

RECEIVED

JUL 15 2002

ELECTIONS ADMINISTRATION

Date Hand-delivered or Date Postmarked

*Martha S. Stanley*

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

*P.O. Box 1674 Georgetown TX 78627*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
*Mike*  
NICKNAME LAST SUFFIX  
*Robinson*

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

*1978 Sa Austin Ave., Suite B, Georgetown TX 78626*

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

*(512) 930-2607*

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
*1 / 1 / 02 THROUGH 6 / 30 / 02*

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
*11 / 5 / 02*

11 OFFICE

OFFICE HELD (if any)  
*County Clerk*

12 OFFICE SOUGHT (if known)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME**

**15 ACCOUNT #** (Ethics Commission filers)

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

\*\* This box is for notice of political expenditures 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 NO REPORTABLE ACTIVITY**

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

**OUTSTANDING LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <i>Nancy E. Rister</i>	15 ACCOUNT # (Ethics Commission filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures 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. \*\*

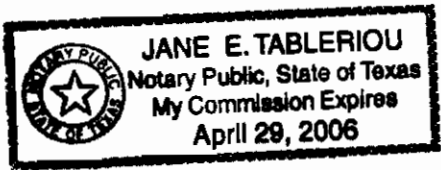
<input type="checkbox"/> additional pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 525.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1396.85
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Nancy E. Rister*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NANCY E. RISTER, this the 15 day of July, 2002, to certify which, witness my hand and seal of office.

<i>Jane E. Tableriou</i> Signature of officer administering oath	Jane E. Tableriou Printed name of officer administering oath	Notary Public Title of officer administering oath
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Nancy Rister</i>		3 ACCOUNT # (Ethics Commission filars)	
4 Date <i>2/28/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Celesta Hill</i>	7 Amount of contribution (\$) <i>\$25</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>113 Juniper Berry Trail, G'town TX 78628</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>12-11-02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sam Jones</i>	Amount of contribution (\$) <i>\$5000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>501 Reiger Rd, Coupland, TX 78615</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>12-11-02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Hamilton</i>	Amount of contribution (\$) <i>\$5000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>19227 Kelly Pines Court, Humble TX 77346</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1-2-02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pat Berryman</i>	Amount of contribution (\$) <i>\$5000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>116 Skyline, G'town, TX 78628</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>1-10-02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Campbell</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>805 W 10th Ste 400, Austin, TX 78701</i>			
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

## SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages this Schedule B1:	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>7</b> Pledgor address;                      City;    State;    Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
<b>10</b> Principal occupation (optional)		<b>11</b> Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;                      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;                      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;                      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;                      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;                      City;    State;    Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Nancy Rister</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1-4-02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>C60-170-480</i> ) <i>Employees Fund for Better Gov.</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6001 N. 24th, Phoenix AZ 85016</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 5

2 FILER NAME

Nancy E. Rister

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/4/02

5 Payee name

Round Rock Leader

6 Payee address; City; State; Zip Code

P.O. Box 459, Round Rock, TX 78680

7 Amount (\$)

\$38.00

8 Purpose of payment (See instructions regarding type of information required.)

Ad

9 Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date

1/4/02

Payee name

Georgetown Chamber of Commerce

Payee address; City; State; Zip Code

P.O. Box 346, Georgetown, TX 78627

Amount (\$)

\$25.00

Purpose of payment (See instructions regarding type of information required.)

annual banquet

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date

1/4/02

Payee name

Taylor Chamber of Commerce

Payee address; City; State; Zip Code

P.O. Box 231, Taylor TX 76574

Amount (\$)

\$20.00

Purpose of payment (See instructions regarding type of information required.)

annual banquet

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date

1/20/02

Payee name

Georgetown Chamber of Commerce

Payee address; City; State; Zip Code

P.O. Box 346, Georgetown, TX 78627

Amount (\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

2002 dues

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 5

2 FILER NAME

Nancy E. Rister

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/9/02

5 Payee name

(GARW)  
Georgetown Area Republican Women's Club

6 Payee address; City; State; Zip Code

113 Cape Myrtle, Georgetown TX 78680 \$11.00

7 Amount (\$)

8 Purpose of payment (See instructions regarding type of information required.)

Jan. luncheon

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

1/9/02

Payee name

GARW

Payee address; City; State; Zip Code

113 Cape Myrtle, Georgetown, TX 78680 \$20.00

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

2002 dues

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

1/9/02

Payee name

Williamson County Republican Women (WCRW)

Payee address; City; State; Zip Code

P.O. Box 342, Round Rock TX 78680 \$20.00

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

2002 dues

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2/5/02

Payee name

Williamson County Republican Party

Payee address; City; State; Zip Code

P.O. Box 393, Round Rock, TX 78680 \$500.00

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

contribution to fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
3 of 5

2 FILER NAME

*Nancy E. Rister*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*2/11/02*

5 Payee name

*WCRW*

6 Payee address; City; State; Zip Code

*P.O. Box 342 Round Rock, TX 78680*

7 Amount (\$)

*\$10.00*

8 Purpose of payment (See instructions regarding type of information required.)

*Feb. luncheon*

9  Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date

*2/11/02*

Payee name

*Carter for Congress Campaign*

Payee address; City; State; Zip Code

*307 W. Main, Round Rock, TX 78664*

Amount (\$)

*\$50.00*

Purpose of payment (See instructions regarding type of information required.)

*campaign contribution*

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date

*2/13/02*

Payee name

*GARW*

Payee address; City; State; Zip Code

*113 Cape Myrtle, Georgetown TX 78628*

Amount (\$)

*\$11.00*

Purpose of payment (See instructions regarding type of information required.)

*Feb luncheon*

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date

*2/13/02*

Payee name

*Round Rock Chamber of Commerce*

Payee address; City; State; Zip Code

*212 E. Main, Round Rock, TX 78664*

Amount (\$)

*\$50.00*

Purpose of payment (See instructions regarding type of information required.)

*luncheon - regional economic forecast*  
*Angelo Angelous*

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
4 of 5

2 FILER NAME

Nancy E. Rister

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/13/02

GARW

6 Payee address; City; State; Zip Code

113 Crepe Myrtle, Georgetown TX 78628

\$11.00

8 Purpose of payment (See instructions regarding type of information required.)

March luncheon

9 Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/15/02

Online Shopper

Payee address; City; State; Zip Code

P.O. Box 1534, Georgetown TX 78627

\$340.74

Purpose of payment (See instructions regarding type of information required.)

promotional flag pens

Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/2/02

Joe Saegert

Payee address; City; State; Zip Code

P.O. Box 1223 Georgetown TX 78627

\$100.00

Purpose of payment (See instructions regarding type of information required.)

campaign contribution

Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/8/02

WCRW

Payee address; City; State; Zip Code

P.O. Box 342, Roland Rock TX 78680

\$11.00

Purpose of payment (See instructions regarding type of information required.)

April luncheon

Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 5

2 FILER NAME

Nancy E. Roster

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/13/02

5 Payee name

Round Rock Chamber of Commerce

6 Payee address; City; State; Zip Code

212 E. Main, Round Rock, TX 78664

7 Amount (\$)

\$90.00

8 Purpose of payment (See instructions regarding type of information required.)

2002 Dues

9 \*\* Complete 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 payment (See instructions regarding type of information required.)

\*\* Complete 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 payment (See instructions regarding type of information required.)

\*\* Complete 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 payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: **1 of 1**

2 FILER NAME

**Nancy E. Rister**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

**San Gabriel Breakfast Kiwanis**

6 Payee address; City; State; Zip Code

**P.O. Box 893, Georgetown TX 78627**

7 Purpose of expenditure (See instructions regarding type of information required.)

**Quarterly Dues**

8 Amount (\$)

**\$30.00**

Date

Payee name

**Georgetown Noon Lions**

Payee address; City; State; Zip Code

**P.O. Box 1109, Georgetown TX 78627**

Purpose of expenditure (See instructions regarding type of information required.)

**Quarterly Dues + tickets**

Amount (\$)

**\$150.00**

Date

Payee name

**Berry Creek Country Club**

Payee address; City; State; Zip Code

**30500 Berry Creek Dr. Georgetown TX 78628**

Purpose of expenditure (See instructions regarding type of information required.)

**took staff to lunch + 2 judges**

Amount (\$)

**\$120.57**

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED