

FORM
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AUSTIN CITY CLERK
POSTING: DATE/TIME Page 1 of 11
2010 APR 28 PM 1 57

STATEMENT OF FINANCIAL INFORMATION

Chapter 2-7-72, Austin Code of 2003 Form Prescribed by City of Austin City Clerk's Office
P.O. Box 1088
Austin, Texas 78767

INSTRUCTIONS

This statement is for persons who are city officials to provide financial information for the period January 1 through December 31 of the preceding year. This Form is Required to be Completed by the Following City Officials:

Mayor
City Council Members
Candidates

This statement must be received by the City Clerk by 4:45 p.m. on the last Friday in April.* The report must be signed under oath. This form may be copied to provide additional space for reporting. In reporting information required by this form, a City Official shall include the same information as it pertains to his or her spouse, by separate listing. However, a separate report for the City Official's spouse is not required.

*Except that incumbent and non-incumbent candidates file within five working days after the deadline for filing for their respective offices. However, incumbent candidates are not required to refile if an identical financial statement for the previous year has already been filed.

Where a monetary amount or value of income of an asset is required to be reported, the exact amount need not be reported. The statement may instead include the category of amount as follows:

- Category I: At least \$1 but less than \$10,000;
- Category II: At least \$10,000 but less than \$20,000;
- Category III: At least \$20,000 but less than \$50,000;
- Category IV: At least \$50,000 but less than \$75,000;
- Category V: At least \$75,000 but less than \$100,000;
- Category VI: \$100,000 or more, report to nearest \$100,000.

Fill in the year for which this report is made:

January 1 through December 31, 20_____

FINANCIAL DISCLOSURE

NAME:

(Last)

(First)

(Middle)

LEFFINGWELL S. LEE

ADDRESS:

4516 BALCONES DR., AUSTIN, TX. 78731

OCCUPATION:

MAYOR

SPOUSE'S NAME:

(Last)

(First)

(Middle)

BYERS JULIE A.

ADDRESS:

4516 BALCONES DR., AUSTIN, TX 78731

OCCUPATION:

REGISTERED NURSE

- 1. List all sources of occupational income which exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non-professional services per source.

a. Name of Employer or Source of Income: CITY OF AUSTIN

Business Address: P O BOX 1088, AUSTIN, TX 78767

Nature of Occupation or Business: MAYOR

Category of Amount: IV

Spouse

b. Name of Employer or Source of Income: SETON NW HOSPITAL

Business Address: 1113 RESEARCH BLD., AUSTIN TX 78709

Nature of Occupation or Business: RN

Category of Amount: III

2. If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non-professional services during the reporting period.

Name of Client or Customer: _____

Address: _____

Name of Client or Customer: _____

Address: _____

Name of Client or Customer: _____

Address: _____

Name of Client or Customer: _____

Address: _____

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3. List all sources of income which exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.

a. Name of Source: DELTA AIRLINES RETIREMENT TRUST

Nature of Income: RETIREMENT TRUST DISTRIBUTION
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: III

b. Name of Source: U S DEPARTMENT OF DEFENSE

Nature of Income: RETIREMENT PAY
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: II

c. Name of Source: SOCIAL SECURITY ADMINISTRATION

Nature of Income: RETIREMENT BENEFIT
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: II

d. Name of Source: _____

Nature of Income: _____
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: _____

4. Identify any source (person, business entity or other organization) of a gift of any money or other thing of value exceeding \$100, or identify any source who gave you a series of gifts the total value of which exceeds \$100. You need not report campaign contributions which are reported as required by other law and you need not report gifts received from the following relatives:

- Spouse
- Children Children-in-Law
- Parents Parents-in-Law
- Grandchildren Grandchildren-in-Law
- Grandparents Grandparents-in-Law
- Brothers Brothers-in-Law
- Sisters Sisters-in-Law
- Uncles Uncles-in-Law
- Aunts Aunts-in-Law
- Nephews Nephews-in-Law
- Nieces Nieces-in-Law
- First Cousins First Cousins-in-Law

a. Name of Source of Gift: _____

Category of Amount: _____

b. Name of Source of Gift: _____

Category of Amount: _____

5. List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

a. Name of Company or Entity: FIDELITY IRA (VARIOUS STOCKS, BONDS)

b. Name of Company or Entity: FIDELITY INVESTMENT ACCT (VARIOUS STOCKS)

c. Name of Company or Entity: _____

6. List and describe all bonds, notes and other commercial paper which you held, owned, acquired or sold, at any time during the reporting period if the combined face value of the bonds, notes and commercial paper exceeded \$5,000.

a. Description of Commercial Paper: _____

Category of Amount: _____

b. Description of Commercial Paper: _____

Category of Amount: _____

c. Description of Commercial Paper: _____

Category of Amount: _____

d. Description of Commercial Paper: _____

Category of Amount: _____

7. List all other income or revenue in excess of \$5,000 per source.

a. Source: _____

Category of Amount: _____

b. Source: _____

Category of Amount: _____

8. List and describe all real property in which you hold any legal or beneficial interest, including real property for which you have entered into a contract for sale. The description should be sufficient to locate the property, and include the street address if any, and the present use of the property.

a. Street Address of Property: 4516 BALCONES DR., AUSTIN, TX 78731

Description of Property: SINGLE FAMILY HOUSE

Present Use of Property: RESIDENCE

b. Street Address of Property: 439 W. 8TH ST., LOUP CITY, NE
Description of Property: SINGLE FAMILY HOUSE
Present Use of Property: VACATION HOME

c. Street Address of Property: _____
Description of Property: _____
Present Use of Property: _____

d. Street Address of Property: _____
Description of Property: _____
Present Use of Property: _____

9. List and describe all real property held, owned, acquired or sold, or under a contract for sale, by a corporation, partnership, limited partnership, professional corporation, or other entity in which you own or control at least a 5% interest. The description should be sufficient to locate the property and include a street address, if any, and the present use of the property.

a. Street Address of Property: _____
Description of Property: _____
Present Use of Property: _____

b. Street Address of Property: _____
Description of Property: _____
Present Use of Property: _____

c. Street Address of Property: _____
Description of Property: _____
Present Use of Property: _____

d. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

10. List all loans and extensions of credit in excess of \$5,000 on which you are the lender or creditor, including the name of the debtor and the rate of interest, if any.

a. Name of Oblige: LEE LEFFINGWELL CAMPAIGN

Rate of Interest: Ø

Category of Amount: IV

b. Name of Oblige: _____

Rate of Interest: _____

Category of Amount: _____

c. Name of Oblige: _____

Rate of Interest: _____

Category of Amount: _____

d. Name of Oblige: _____

Rate of Interest: _____

Category of Amount: _____

11. List all loans or transactions in excess of \$5,000 on which you are a guarantor or co-signer, including the names of the borrower and lender.

a. Name of Oblige: _____

Rate of Interest: _____

Category of Amount: _____

b. Name of Oblige: _____

Rate of Interest: _____

Category of Amount: _____

c. Name of Oblige: _____

Rate of Interest: _____

Category of Amount: _____

d. Name of Oblige: _____

Rate of Interest: _____

Category of Amount: _____

12. (1) List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

a. Name of Lender/Creditor/Oblige: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

b. Name of Lender/Creditor/Oblige: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred _____

c. Name of Lender/Creditor/Oblige: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation as Incurred: _____

d. Name of Lender/Creditor/Oblige:

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

(2) List all loans, debts, and other financial liabilities in excess of \$5,000 of any corporation, partnership, limited partnership, professional corporation or other entity in which you own or control at least a 5% interest, which are presently outstanding or which existed at any time during the reporting period.

a. Name of Lender/Creditor/Obligee: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

b. Name of Lender/Creditor/Obligee: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

c. Name of Lender/Creditor/Obligee: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

d. Name of Lender/Creditor/Obligee: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

13. List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

a. Name of Organization: CAPITAL AREA METROPOLITAN PLANNING ORG.
Position Held: BOARD MEMBER

b. Name of Organization: _____
Position Held: _____

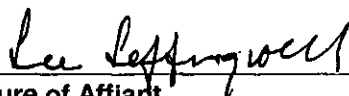
c. Name of Organization: _____
Position Held: _____

d. Name of Organization: _____
Position Held: _____

State of Texas
County of Travis

VERIFICATION

I do solemnly swear that the preceding Financial Statement, filed herewith is in all things true and correct, and fully shows all information required to be reported by me pursuant to Section 2-7-72 City Code for the reporting period indicated.



Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME by
this the 28th day of April, 2010,
to certify which witness my hand and seal.



Signature of Notary

(SEAL)

