

# PERSONAL FINANCIAL STATEMENT

## FORM PFS COVER SHEET

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2012, covering calendar year ending December 31, 2011.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

1 NAME

TITLE; FIRST; MI  
**KATHRYNE BETH**  
NICKNAME; LAST; SUFFIX  
**TOVO**

OFFICE USE ONLY	
Date Received	<b>2012 APR 30 PM 1:35</b>
Receipt #	
HO / PM	Amount
Date Processed	
Date Imaged	

**AUSTIN CITY CLERK RECEIVED**

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**809 W. 32<sup>ND</sup> ST.  
AUSTIN, TX 78705**  
 (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION  
**(512) 565-5361**

4 REASON FOR FILING STATEMENT

- CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ELECTED OFFICER **AUSTIN CITY COUNCIL, PLACE 3** (INDICATE OFFICE)
- APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)
- EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)
- OTHER \_\_\_\_\_ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity):

SPOUSE **TOM HAMILTON HURT**

DEPENDENT CHILD 1. **ELLA HUIJIAO TOVO-HURT**

2. **LORI QIVLI TOVO-HURT**

3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity.

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# SOURCES OF OCCUPATIONAL INCOME

**PART 1A**

NOT APPLICABLE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> EMPLOYMENT  <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER  <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)  CITY OF AUSTIN AUSTIN CITY HALL 301 W. 2ND ST. AUSTIN, TX 78701  <hr style="border-top: 1px dashed black;"/> NATURE OF OCCUPATION AUSTIN CITY COUNCIL MEMBER
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER  <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)  HURT PARTNERS ARCHITECTS 409 W. 14 <sup>th</sup> ST. AUSTIN, TX 78701  <hr style="border-top: 1px dashed black;"/> NATURE OF OCCUPATION ARCHITECT
INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER  <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)  BOB BULLOCK TEXAS STATE HISTORY MUSEUM 1800 N. CONGRESS AVENUE AUSTIN, TX 78701  <hr style="border-top: 1px dashed black;"/> NATURE OF OCCUPATION

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# RETAINERS

# PART 1B

NOT APPLICABLE

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> FEE RECEIVED FROM	NAME AND ADDRESS
<b>2</b> FEE RECEIVED BY	NAME OF BUSINESS  <input type="checkbox"/> FILER OR FILER'S BUSINESS _____  <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____  <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
<b>3</b> FEE AMOUNT	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS  <input type="checkbox"/> FILER OR FILER'S BUSINESS _____  <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____  <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# STOCK

# PART 2

NOT APPLICABLE

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ENTITY	MANULIFE FINANCIAL <small>NAME</small>		
2 STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
BUSINESS ENTITY	NEWS CORPORATION <small>NAME</small>		
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
BUSINESS ENTITY	INTRO GEN <small>NAME</small>		
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
BUSINESS ENTITY	<small>NAME</small>		
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
BUSINESS ENTITY	<small>NAME</small>		
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

# BONDS, NOTES & OTHER COMMERCIAL PAPER

## PART 3

NOT APPLICABLE

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> DESCRIPTION OF INSTRUMENT	MAINSTAY GOV'T BOND (NEW YORK LIFE)
<b>2</b> HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> IF SOLD  <input type="checkbox"/> NET GAIN  <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

DESCRIPTION OF INSTRUMENT	VANGUARD LONG-TERM TREASURY (FIDELITY)
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD  <input type="checkbox"/> NET GAIN  <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

DESCRIPTION OF INSTRUMENT	CD - UFCU (UNIVERSITY FEDERAL CREDIT UNION) EARLY SAVER CERTIFICATE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>1</u>
IF SOLD  <input type="checkbox"/> NET GAIN  <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

# BONDS, NOTES & OTHER COMMERCIAL PAPER

**PART 3**

NOT APPLICABLE

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> DESCRIPTION OF INSTRUMENT	CD - UFCU (UNIVERSITY FEDERAL CREDIT UNION) TIERED RATE SAVING CERTIFICATE
<b>2</b> HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> DEPENDENT CHILD <u>2</u>
<b>3</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# MUTUAL FUNDS

# PART 4

NOT APPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND	NAME VALIC STOCK INDEX FUND, MID-CAP, SMALL-CAP, GLOBAL FUNDS			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 10,000 OR MORE		
4 IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000		
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND	NAME VANGUARD STOCK INDEX FUND, MID-CAP, SMALL CAP, GLOBAL FUNDS			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000		
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND	NAME TEMPLETON MUTUAL FUND (MERRIL LYNCH)			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input checked="" type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000		
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

# MUTUAL FUNDS

# PART 4

NOT APPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND	NAME
	FIRST EAGLE MUTUAL FUND (MERRIL LYNCH)
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input checked="" type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

MUTUAL FUND	NAME
	DWS MUTUAL FUND (MERRIL LYNCH)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input checked="" type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

MUTUAL FUND	NAME
	PIMCO EMERGING LOCAL MUTUAL FUND (MERRIL LYNCH)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input checked="" type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY



# MUTUAL FUNDS

# PART 4

NOT APPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1	MUTUAL FUND	NAME MLP EQUITY MUTUAL FUND (MERRIL LYNCH)			
2	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3	NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input checked="" type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
4	IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000		
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND		NAME ALLIANCE BERNSTEIN GLOBAL MUTUAL FUND (MERRIL LYNCH)			
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
	NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
	IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000		
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND		NAME			
	SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
	NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
		<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
	IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000		
		<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5**

NOT APPLICABLE

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> SOURCE OF INCOME	NAME AND ADDRESS
	800 CHRISTOPHER ST., RESIDENTIAL RENTAL PROPERTY, SINGLE FAMILY HOUSE 800 CHRISTOPHER ST. AUSTIN, TX 78704
<b>2</b> RECEIVED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS
	RATLIFF RIKER LP P.O. BOX 1427 AUSTIN, TX 78767
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS
	HURT ASSET MANAGEMENT, LLL 809 W. 14 <sup>TH</sup> ST. AUSTIN, TX 78701
RECEIVED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5**

NOTAPPLICABLE

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> SOURCE OF INCOME	NAME AND ADDRESS
	HURT FAMILY INVESTMENTS LP

<sup>2</sup> RECEIVED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
--------------------------	--

<sup>3</sup> AMOUNT	<input checked="" type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
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SOURCE OF INCOME	NAME AND ADDRESS
	MANULIFE FINANCIAL

RECEIVED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
-------------	--

AMOUNT	<input checked="" type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
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SOURCE OF INCOME	NAME AND ADDRESS

RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
-------------	---

AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
--------	--

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

NOT APPLICABLE

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	COLONIAL SAVINGS BANK (HOME MORTGAGE)
<sup>2</sup> LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<sup>3</sup> GUARANTOR	
<sup>4</sup> AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	INTERNATIONAL BANK OF COMMERCE (HOME MORTGAGE [2ND])
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	BANK OF AMERICA (FOR BUSINESS ENTITY REAL ESTATE - MORTGAGE LLC)
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

NOT APPLICABLE

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	CAPITOL ONE BANK (FOR BUSINESS ENTITY REAL ESTATE -- WEST FOURTEENTH LLC)
<b>2</b> LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> GUARANTOR	
<b>4</b> AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTERESTS IN REAL PROPERTY

## PART 7A

NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<p>1 HELD OR ACQUIRED BY</p>	<p><input checked="" type="checkbox"/> FILER      <input checked="" type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>2 STREET ADDRESS</p> <p><input type="checkbox"/> NOT AVAILABLE</p> <p><input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS</p>	<p>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</p> <p>809 W. 32<sup>ND</sup> ST. AUSTIN, TX 78705, TRAVIS COUNTY</p>
<p>3 DESCRIPTION</p> <p><input checked="" type="checkbox"/> LOTS</p> <p><input type="checkbox"/> ACRES</p>	<p>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</p> <p>1 LOT TRAVIS COUNTY</p>
<p>4 NAMES OF PERSONS RETAINING AN INTEREST</p> <p><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)</p>	<p>COLONIAL SAVINGS BANK INTERNATIONAL BANK OF COMMERCE</p>
<p>5 IF SOLD</p> <p><input type="checkbox"/> NET GAIN</p> <p><input type="checkbox"/> NET LOSS</p>	<p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999    <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p>

<p>HELD OR ACQUIRED BY</p>	<p><input checked="" type="checkbox"/> FILER      <input checked="" type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>STREET ADDRESS</p> <p><input type="checkbox"/> NOT AVAILABLE</p> <p><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS</p>	<p>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</p> <p>800 CHRISTOPHER ST. AUSTIN, TX, 78704, TRAVIS COUNTY</p>
<p>DESCRIPTION</p> <p><input checked="" type="checkbox"/> LOTS</p> <p><input type="checkbox"/> ACRES</p>	<p>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</p> <p>1 LOT TRAVIS COUNTY</p>
<p>NAMES OF PERSONS RETAINING AN INTEREST</p> <p><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)</p>	
<p>IF SOLD</p> <p><input type="checkbox"/> NET GAIN</p> <p><input type="checkbox"/> NET LOSS</p>	<p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999    <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

# INTERESTS IN REAL PROPERTY

# PART 7A

NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2 STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
<b>3 DESCRIPTION</b> <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED <b>UNDIVIDED INTEREST IN LAND ACREAGE IN ECTOR COUNTY, TEXAS, ON PROPERTY KNOWN AS RATLIFF RANCH AND OWNED BY RATLIFF RIKER LP, APPROX. 20,000 ACRES</b>
<b>4 NAMES OF PERSONS RETAINING AN INTEREST</b> <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>5 IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
<b>DESCRIPTION</b> <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED <b>UNDIVIDED INTEREST (MINERAL) IN LAND ACREAGE IN WINKLER COUNTY, ATASCOSA COUNTY, AND LOUISIANA COUNTY, TEXAS AND OWNED BY RATLIFF RIKER LP APPROX. 5000 ACRES</b>
<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTERESTS IN REAL PROPERTY

# PART 7A

NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2 STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1107 S. 3RD ST. (OWNED BY MCCOTTAGE LLC) AUSTIN, TX 78704, TRAVIS COUNTY
<b>3 DESCRIPTION</b> <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 LOT TRAVIS COUNTY
<b>4 NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	BANK OF AMERICA
<b>5 IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 409 W. 14 <sup>TH</sup> ST. (OWNED BY WEST FOURTEENTH LLC) AUSTIN, TX 78701, TRAVIS COUNTY
<b>DESCRIPTION</b> <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 LOT TRAVIS COUNTY
<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	CAPITAL ONE BANK
<b>IF SOLD</b> <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



# INTERESTS IN BUSINESS ENTITIES

# PART 7B

NOT APPLICABLE

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<p>1 HELD OR ACQUIRED BY</p>	<p><input type="checkbox"/> FILER      <input checked="" type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>2 DESCRIPTION</p>	<p>NAME AND ADDRESS  <input type="checkbox"/> (Check if Filer's Home Address)                  HURT PARTNERS ARCHITECTS                  409 W. 14<sup>th</sup> ST.                  AUSTIN, TX 78701</p>
<p>3 IF SOLD  <input type="checkbox"/> NET GAIN  <input type="checkbox"/> NET LOSS</p>	<p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999    <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p>
<p>HELD OR ACQUIRED BY</p>	<p><input checked="" type="checkbox"/> FILER      <input checked="" type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>DESCRIPTION</p>	<p>NAME AND ADDRESS  <input type="checkbox"/> (Check if Filer's Home Address)                  RATLIFF RIKER LP                  PO BOX 1427                  AUSTIN, TX 78767</p>
<p>IF SOLD  <input type="checkbox"/> NET GAIN  <input type="checkbox"/> NET LOSS</p>	<p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999    <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p>
<p>HELD OR ACQUIRED BY</p>	<p><input checked="" type="checkbox"/> FILER      <input checked="" type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>DESCRIPTION</p>	<p>NAME AND ADDRESS  <input type="checkbox"/> (Check if Filer's Home Address)                  RATLIFF RIKER MANAGEMENT LLC                  PO BOX 1427                  AUSTIN, TX 78767</p>
<p>IF SOLD  <input type="checkbox"/> NET GAIN  <input type="checkbox"/> NET LOSS</p>	<p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999    <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p>

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTERESTS IN BUSINESS ENTITIES

## PART 7B

NOT APPLICABLE

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) CUMBERLAND FIFTH LLC PO BOX 1427 AUSTIN, TX 78767
<b>3</b> IF SOLD	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) PEARL CAT LP PO BOX 1427 AUSTIN, TX 78767
IF SOLD	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) PEARL CAT MANAGEMENT LLC PO. Box 1427 AUSTIN, TX 78767
IF SOLD	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTERESTS IN BUSINESS ENTITIES

## PART 7B

NOT APPLICABLE

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<sup>2</sup> DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) WEST FOURTEENTH LLL P.O. Box 1427 AUSTIN, TX 78767
<sup>3</sup> IF SOLD	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) MCCOTTAGE LLLC P.O. Box 1427 AUSTIN, TX 78767
IF SOLD	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) HURT ASSET MANAGEMENT LLLC 409 W. 14 <sup>th</sup> ST. AUSTIN, TX 78701
IF SOLD	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTERESTS IN BUSINESS ENTITIES

## PART 7B

NOT APPLICABLE

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) HURT FAMILY INVESTMENTS LP 409 W. 14 <sup>th</sup> ST. AUSTIN, TX, 78701
<b>3</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) HURT PROPERTIES LP 409 W. 14 <sup>th</sup> ST. AUSTIN, TX 78701
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# GIFTS

# PART 8

NOT APPLICABLE

Identify any person or organization that has given a gift worth more than \$250 to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> DONOR	NAME AND ADDRESS
<sup>2</sup> RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<sup>3</sup> DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# TRUST INCOME

## PART 9

NOT APPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$500* in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> SOURCE	NAME OF TRUST
<b>2</b> BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> INCOME	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<b>4</b> ASSETS FROM WHICH OVER \$500 WAS RECEIVED	<input type="checkbox"/> UNKNOWN

SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED	<input type="checkbox"/> UNKNOWN

SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED	<input type="checkbox"/> UNKNOWN

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BLIND TRUSTS

# PART 10A

NOT APPLICABLE

Identify each blind trust that complies with section 572.023(c) of the Government Code. See FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> NAME OF TRUST	
<b>2</b> TRUSTEE	NAME AND ADDRESS
<b>3</b> BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>4</b> FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<b>5</b> DATE CREATED	
<hr/> <hr/>	
NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
DATE CREATED	
<hr/> <hr/>	
NAME OF TRUST	
TRUSTEE	NAME AND ADDRESS
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
DATE CREATED	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**TRUSTEE STATEMENT****PART 10B** NOT APPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

1 NAME OF TRUST	
2 TRUSTEE NAME	
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME
4 TRUSTEE STATEMENT	<p>I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Trustee Signature</p>

**§ 572.023. Contents of Financial Statement in General**

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.



# ASSETS OF BUSINESS ASSOCIATIONS

# PART 11A

NOT APPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ASSOCIATION</b>	<small>NAME AND ADDRESS</small> <input type="checkbox"/> (Check if Filer's Home Address) CUMBERLAND FIFTH LLC P.O. BOX 1427, AUSTIN, TX 78767	
<b>2 BUSINESS TYPE</b>	LLC, LIMITED LIABILITY CORPORATION	
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD	
<b>4 ASSETS</b>	<small>DESCRIPTION</small> INVESTMENTS	<small>CATEGORY</small> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

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1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) PEARL CAT LP PO BOX 1427, AUSTIN, TX 78767	
2 BUSINESS TYPE	LD LIMITED PARTNERSHIP	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION INVESTMENTS	CATEGORY <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

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<p>1 BUSINESS ASSOCIATION</p>	<p>NAME AND ADDRESS  <input type="checkbox"/> (Check if Filer's Home Address)                  PEARL CAT MANAGEMENT LLC                  P.O. BOX 1427, AUSTIN, TX 78767</p>	
<p>2 BUSINESS TYPE</p>	<p>LLC LIMITED LIABILITY CORPORATION</p>	
<p>3 HELD, ACQUIRED, OR SOLD BY</p>	<p><input checked="" type="checkbox"/> FILER      <input checked="" type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD</p>	
<p>4 ASSETS</p>	<p>DESCRIPTION</p> <p>INVESTMENTS</p> <hr/> <p>INTEREST IN PEARL CAT LP</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>CATEGORY</p> <p><input checked="" type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr/> <p><input checked="" type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p>

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# ASSETS OF BUSINESS ASSOCIATIONS

# PART 11A

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) <b>RATLIFF RILEY LP</b> <b>P.O. Box 1427, AUSTIN, TX 78707</b>	
<b>2 BUSINESS TYPE</b>	<b>LP LIMITED PARTNERSHIP</b>	
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4 ASSETS</b>	DESCRIPTION <b>REAL ESTATE (WEST TEXAS)</b> <hr/> <b>INVESTMENTS</b>	CATEGORY <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

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# ASSETS OF BUSINESS ASSOCIATIONS

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<p><b>1 BUSINESS ASSOCIATION</b></p>	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)	
	<p>RATLIFF RIKER MANAGEMENT, LLL                  PO BOX 1427, AUSTIN, TX 78767</p>	
<p><b>2 BUSINESS TYPE</b></p>	<p>LLC LIMITED LIABILITY CORP.</p>	
<p><b>3 HELD, ACQUIRED, OR SOLD BY</b></p>	<p><input checked="" type="checkbox"/> FILER      <input checked="" type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>	
<p><b>4 ASSETS</b></p>	DESCRIPTION	CATEGORY
	<p>INVESTMENTS</p> <hr style="border-top: 1px dashed black;"/> <p>RATLIFF RIKER LP (1% OWNERSHIP)</p> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	<p><input type="checkbox"/> LESS THAN \$5,000    <input checked="" type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input checked="" type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p>

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# ASSETS OF BUSINESS ASSOCIATIONS

# PART 11A

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<p>1 BUSINESS ASSOCIATION</p>	<p>NAME AND ADDRESS  <input type="checkbox"/> (Check if Filer's Home Address)                  HURT PARTNERS ARCHITECTS, INC.                  409 W. 14<sup>TH</sup> ST., AUSTIN, TX 78701</p>	
<p>2 BUSINESS TYPE</p>	<p>ARCHITECTURAL SERVICES FIRM, CORPORATION</p>	
<p>3 HELD, ACQUIRED, OR SOLD BY</p>	<p><input type="checkbox"/> FILER      <input checked="" type="checkbox"/> SPOUSE      <input type="checkbox"/> DEPENDENT CHILD _____</p>	
<p>4 ASSETS</p>	<p>DESCRIPTION</p> <p>EQUIPMENT</p> <p>FURNITURE</p> <p>FURNISHINGS</p> <p>SOFTWARE</p> <p>CASH</p>	<p>CATEGORY</p> <p><input type="checkbox"/> LESS THAN \$5,000    <input checked="" type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <p><input type="checkbox"/> LESS THAN \$5,000    <input checked="" type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <p><input checked="" type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input checked="" type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <p><input type="checkbox"/> LESS THAN \$5,000    <input checked="" type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p> <p><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999</p> <p><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</p>

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1 BUSINESS ASSOCIATION	<small>NAME AND ADDRESS</small> <input type="checkbox"/> (Check if Filer's Home Address) <b>HURT ASSET MANAGEMENT LLC</b> <b>409 W. 14<sup>th</sup> ST., AUSTIN, TX 78701</b>	
2 BUSINESS TYPE	<b>LLC Limited Liability Corp.</b>	
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS	<small>DESCRIPTION</small> <b>INVESTMENTS</b>	<small>CATEGORY</small> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

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1 BUSINESS ASSOCIATION	<input type="checkbox"/> NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) <b>HURT FAMILY INVESTMENTS LP</b> <b>409 W. 14<sup>th</sup> ST., AUSTIN, TX 78701</b>	
2 BUSINESS TYPE	<b>LP LIMITED PARTNERSHIP</b>	
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION  <b>INVESTMENTS</b>	CATEGORY <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



# ASSETS OF BUSINESS ASSOCIATIONS

# PART 11A

NOT APPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ASSOCIATION</b>	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)	
	MCLOTTAGE LLL P.O. Box 1427 AUSTIN, TX 78767	
<b>2 BUSINESS TYPE</b>	LLC LIMITED LIABILITY CORPORATION	
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
<b>4 ASSETS</b>	DESCRIPTION	CATEGORY
	REAL ESTATE - RENT HOUSE	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
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		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# ASSETS OF BUSINESS ASSOCIATIONS

# PART 11A

NOT APPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) HURT PROPERTIES LP 409 W. 14 <sup>th</sup> ST., AUSTIN, TX	
2 BUSINESS TYPE	LP LIMITED Partnership	
3 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION REAL ESTATE, WEST TEXAS	CATEGORY <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

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# ASSETS OF BUSINESS ASSOCIATIONS

# PART 11A

NOT APPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	WEST FOURTEENTH <input type="checkbox"/> NAME AND ADDRESS (Check If Filer's Home Address) P.O. BOX 1427 LLC AUSTIN, TX 78767	
2 BUSINESS TYPE	LLC LIMITED LIABILITY CORPORATION	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD	
4 ASSETS	DESCRIPTION REAL ESTATE	CATEGORY <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

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# LIABILITIES OF BUSINESS ASSOCIATIONS

# PART 11B

NOT APPLICABLE

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	<small>NAME AND ADDRESS</small> <input type="checkbox"/> (Check if Filer's Home Address) WEST FOURTEENTH LLC P.O. Box 1427, AUSTIN, TX 78707																																																				
2 BUSINESS TYPE	LLC LIMITED LIABILITY CORPORATION																																																				
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																																																				
4 LIABILITIES	<table border="1"> <thead> <tr> <th data-bbox="459 753 966 787">DESCRIPTION</th> <th colspan="2" data-bbox="966 753 1466 787">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="459 787 966 892">REAL ESTATE MORTGAGE</td> <td data-bbox="966 787 1218 829"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1218 787 1466 829"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 829 1218 871"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1218 829 1466 871"><input checked="" type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 871 1218 913"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1218 871 1466 913"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 913 1218 955"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1218 913 1466 955"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 955 1218 997"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1218 955 1466 997"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 997 1218 1039"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1218 997 1466 1039"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 1039 1218 1081"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1218 1039 1466 1081"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 1081 1218 1123"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1218 1081 1466 1123"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 1123 1218 1165"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1218 1123 1466 1165"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 1165 1218 1207"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1218 1165 1466 1207"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 1207 1218 1249"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1218 1207 1466 1249"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 1249 1218 1291"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1218 1249 1466 1291"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 1291 1218 1333"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1218 1291 1466 1333"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 1333 1218 1375"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1218 1333 1466 1375"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="966 1375 1218 1417"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1218 1375 1466 1417"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="966 1417 1218 1459"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1218 1417 1466 1459"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> </tbody> </table>		DESCRIPTION	CATEGORY		REAL ESTATE MORTGAGE	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE		<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999		<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
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	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE																																																			

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

# LIABILITIES OF BUSINESS ASSOCIATIONS

# PART 11B

NOT APPLICABLE

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) <b>MCCOTTAGE LLL</b> <b>P.O. Box 1427, AUSTIN, TX 78767</b>	
2 BUSINESS TYPE	<b>LLC LIMITED LIABILITY CORP.</b>	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 LIABILITIES	DESCRIPTION <b>REAL ESTATE MORTGAGE</b>	CATEGORY <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE <hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> ORGANIZATION	MCCOTTAGE LLC
<sup>2</sup> POSITION HELD	MANAGER
<sup>3</sup> POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	MCCOTTAGE LLC
POSITION HELD	MANAGER
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CUMBERLAND FIFTH LLC
POSITION HELD	MANAGER
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CUMBERLAND FIFTH LLC
POSITION HELD	MANAGER
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	CUMBERLAND FIFTH MANAGEMENT LLC
POSITION HELD	MANAGER
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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# BOARDS AND EXECUTIVE POSITIONS

# PART 12

NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> ORGANIZATION	CUMBERLAND FIFTH MANAGEMENT LLL
<sup>2</sup> POSITION HELD	MANAGER
<sup>3</sup> POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	PEARL CAT LP
POSITION HELD	PARTNER
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	PEARL CAT LP
POSITION HELD	PARTNER
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	PEARL CAT MANAGEMENT LLL
POSITION HELD	MANAGER
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	PEARL CAT MANAGEMET LLL
POSITION HELD	MANAGER
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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# BOARDS AND EXECUTIVE POSITIONS

# PART 12

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	WEST FOURTEENTH LLL
2 POSITION HELD	MANAGER
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	WEST FOURTEENTH LLL
POSITION HELD	MANAGER
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	HURT PARTNER ARCHITECTS, INCORPORATED
POSITION HELD	PRESIDENT
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	HURT ASSET MANAGEMENT LLL
POSITION HELD	MANAGER
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	HURT FAMILY INVESTMENTS LP
POSITION HELD	PARTNER
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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# BOARDS AND EXECUTIVE POSITIONS

## PART 12

NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> ORGANIZATION	RATLIFF RIKER LP
<sup>2</sup> POSITION HELD	PARTNER
<sup>3</sup> POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	RATLIFF RIKER LP
POSITION HELD	PARTNER
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	RATLIFF RIKER MANAGEMENT LLL
POSITION HELD	MANAGER
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	RATLIFF RIKER MANAGEMENT LLL
POSITION HELD	MANAGER
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	BOULDIN CREEK COMMUNITY DEVELOPMENT CORP.
POSITION HELD	DIRECTOR / AGENT
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

# BOARDS AND EXECUTIVE POSITIONS

# PART 12

NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	DREAM COME TRUE FOUNDATION
2 POSITION HELD	DIRECTOR (resigned 3/2011)
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

# PART 13

NOT APPLICABLE

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

<sup>1</sup> PROVIDER	NAME AND ADDRESS
<sup>2</sup> AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

## PART 14

NOT APPLICABLE

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS
2 INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

**PART 15**

NOT APPLICABLE

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

<b>1</b> PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
<b>2</b> FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

**PART 16**

NOT APPLICABLE

*This section applies only to members of the Texas Legislature. A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFS--INSTRUCTION GUIDE.*

**Note:** Beginning September 1, 2003, legislators may not, for compensation, represent another person before a state agency in the executive branch. The prohibition does not apply if: (1) the representation is pursuant to an attorney/client relationship in a criminal law matter; (2) the representation involves the filing of documents that involve only ministerial acts on the part of the agency; or (3) the representation is in regard to a matter for which the legislator was hired before September 1, 2003.

<sup>1</sup> STATE AGENCY	
<sup>2</sup> PERSON REPRESENTED	
<sup>3</sup> FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

## PART 17

NOT APPLICABLE

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS--INSTRUCTION GUIDE.

<sup>1</sup> SOURCE OF BENEFIT	NAME AND ADDRESS
<sup>2</sup> BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# LEGISLATIVE CONTINUANCES

## PART 18

NOT APPLICABLE

Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.

<b>1</b> NAME OF PARTY REPRESENTED	
<b>2</b> DATE RETAINED	
<b>3</b> STYLE, CAUSE NUMBER, COURT & JURISDICTION	
<b>4</b> DATE OF CONTINUANCE APPLICATION	
<b>5</b> WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<hr/>	
NAME OF PARTY REPRESENTED	
DATE RETAINED	
STYLE, CAUSE NUMBER, COURT, & JURISDICTION	
DATE OF CONTINUANCE APPLICATION	
WAS CONTINUANCE GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2011, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Kathryne B. Toro  
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathryne B Toro, this the 30<sup>th</sup> day of April, 2012, to certify which, witness my hand and seal of office.

Shirley A Gentry      Shirley A Gentry      Notary Public  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath