

# PERSONAL FINANCIAL STATEMENT

**FORM PFS-LOCAL**  
**COVER SHEET**  
**PAGE 1**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2018, covering calendar year ending December 31, 2017.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED: <b>6</b>
Filer ID

<b>1 NAME</b>	TITLE; FIRST; MI <b>Paige</b>	<b>OFFICE USE ONLY</b>
	NICKNAME; LAST; SUFFIX <b>Ellis</b>	
<b>2 ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 160233 Austin, TX 78716</b>	
<b>3 TELEPHONE NUMBER</b>	AREA CODE <b>( 512 )</b>	PHONE NUMBER; EXTENSION <b>693-8731</b>

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<b>DCC RECEIVED AT SEP 10 '18 PM3:26</b>	
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Date Processed	
Date Imaged	

<b>4 REASON FOR FILING STATEMENT</b>	<input checked="" type="checkbox"/> <b>CANDIDATE</b> <u>Austin City Council District 8</u> (INDICATE OFFICE)
	<input type="checkbox"/> <b>ELECTED OFFICER</b> _____ (INDICATE OFFICE)
	<input type="checkbox"/> <b>OTHER</b> _____ (INDICATE POSITION)

**5** Family members whose financial activity you are reporting (see instructions).

SPOUSE \_\_\_\_\_

DEPENDENT CHILD 1. \_\_\_\_\_

2. \_\_\_\_\_

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 (see instructions).

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

**6 PARTS NOT APPLICABLE TO FILER**

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Assets of Business Associations
- N/A Part 11B - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances

# SOURCES OF OCCUPATIONAL INCOME

## PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

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="radio"/> EMPLOYED BY ANOTHER  <hr/> <input type="radio"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD aci consulting, a division of ACI Group, LLC 1001 Mopac Circle Austin, TX 78746  <hr/> NATURE OF OCCUPATION Marketing/Public Involvement
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="radio"/> EMPLOYED BY ANOTHER  <hr/> <input type="radio"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD          <hr/> NATURE OF OCCUPATION
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="radio"/> EMPLOYED BY ANOTHER  <hr/> <input type="radio"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD          <hr/> NATURE OF OCCUPATION

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# MUTUAL FUNDS

# PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

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 American Funds EuroPacific Gr R6
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 checked="" 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
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 JHancock Disciplined Value Mid Cap I
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 checked="" 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"/> 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 Prudential Core Plus Bond Fund Class 3
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 checked="" 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"/> 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

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1 MUTUAL FUND	NAME Growth Fund of America CI A		
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 checked="" type="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE
4 IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000--\$9,999 <input type="radio"/> \$10,000--\$24,999 <input type="radio"/> \$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="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE
IF SOLD	<input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$5,000	<input type="radio"/> \$5,000--\$9,999 <input type="radio"/> \$10,000--\$24,999 <input type="radio"/> \$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="radio"/> LESS THAN 100	<input type="radio"/> 100 TO 499	<input type="radio"/> 500 TO 999 <input type="radio"/> 1,000 TO 4,999 <input type="radio"/> 5,000 TO 9,999 <input type="radio"/> 10,000 OR MORE
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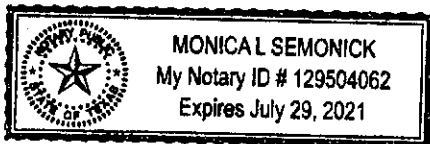
# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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, 2017 and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

paige ellis  
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Paige Ellis, this the 10 day of September, 2018, to certify which, witness my hand and seal of office.

Monica L. Semonick

Signature of officer administering oath

Monica L. Semonick

Printed name of officer administering oath

Notary

Title of officer administering oath

