Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

PERSONAL FINANCIAL STATEMENT

FORM **PFS** COVER SHEET

	Filed in	accordance with chapter 572 of the Government Code.	TOTAL NUMBER OF PAGES FILED:					
	For filings requ Use FOR	ired in 2012, covering calendar year ending December 31, 2011. M PFSINSTRUCTION GUIDE when completing this form.	ACCOUNT #					
1	NAME	TITLE; FIRST; MI	OFFICE USE ONLY					
		William Glenn	Date Received					
		William Glenn NICXNAME: LAST: SUFFIX		RE				
		Spelman		JSTIN CI RECE JUN 11				
2	ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE; ZIP CODE		N 11 FM				
		3802 Ave. F		L				
		Austin, TX 78751-5008						
			Receipt #	0.0				
		(CHECK IF FILER'S HOME ADDRESS)	HD/PM	Amount				
3	TELEPHONE	AREA CODE PHONE NUMBER; EXTENSION	Date Processed					
ļ	NUMBER	(512) 974.2256	Date imaged					
4	REASON FOR FILING STATEMENT			(INDICATE OFFICE)				
	OTATEMENT	X ELECTED OFFICER City of Austin Council Member, Place 5		(INDICATE OFFICE)				
				(INDICATE AGENCY)				
		EXECUTIVE HEAD		(INDICATE AGENCY)				
		FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT						
				(INDICATE PARTY)				
				(INDICATE POSITION)				
			•,					
5		hose financial activity you are reporting (filer must report information about the if the filer had actual control over that activity):	financial activity of	the filer's spouse or				
	SPOUSEN	iyanta Patel Spelman						
	DEPENDENT CHILD 1 Ronan Spelman							
	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 if you had actual control over that person's financial activity.

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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Revised 10/27/2011

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exas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	CUPATION	AL INCOME		part 1A
When reporting information a providing the number under w			ne child about whom	you are reporting by
INFORMATION RELATES T	O X FILER			11LD
EMPLOYMENT			FEMPLOYER / POSITION HELD iler's Home Address)	
X EMPLOYED BY ANOTH	LBJ 231	versity of Texas at Austin School of Public Affairs 5 Red River St. tin, TX 78705		
SELF-EMPLOYED		lessor NATURE C Jucation	FOCCUPATION	
INFORMATION RELATES T				HILD
EMPLOYMENT			FEMPLOYER / POSITION HELD iler's Home Address)	
EMPLOYED BY ANOT	THER			
SELF-EMPLOYED		NATURE (
INFORMATION RELATES T		SPOUSE		HILD
EMPLOYMENT			FEMPLOYER / POSITION HELD iler's Home Address)	
EMPLOYED BY ANO	THER			
SELF-EMPLOYED		NATURE 1	OF OCCUPATION	
CO	PY AND ATTAC	CH ADDITIONAL PAGES A	S NECESSARY	
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RETAINERS	PART 1B
NOTAPPLICABLE	
your spouse, or a dependent chi services on a matter specified at the work actually performed durit see FORM PFS-INSTRUCTION When reporting information ab	ved as a retainer by you, your spouse, or a dependent child (or by a business in which you, d have a "substantial interest") for a claim on future services in case of need, rather than for the time of contracting for or receiving the fee. Report information here only if the value of ng the calendar year did not equal or exceed the value of the retainer. For more information, I GUIDE. Nout a dependent child's activity, indicate the child about whom you are reporting by ch the child is listed on the Cover Sheet.
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS
	FILER OR FILER'S BUSINESS
	OR SPOUSE'S BUSINESS
	OR CHILD'S BUSINESS
FEE AMOUNT	LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25.000-OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS
	OR SPOUSE'S BUSINESS
	DEPENDENT CHILD OR CHILD'S BUSINESS
FEE AMOUNT	LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24.999 \$25,000-OR MORE
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Texas	Ethics	Comm	lssior

Austin, Texas 78711-2070

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PART 2

STOCK

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		Weatherford Ir	nternational, Ltd.	AME	
² STOCK HELD OF	R ACQUIRED BY		X SPOUSE		LD
³ NUMBER OF SH	ARES	LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MOR	E	
4 IF SOLD	I NET GAIN	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	\$25,000-OR MORE
	NET LOSS				
BUSINESS ENTI	TY	BHP Billinton, Ltd.		AME	
STOCK HELD OF	R ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	LD
NUMBER OF SH	ARES	LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999
		5.000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	5,000-\$9,9 99	x \$10,000-\$24,999	S25,000-OR MORE
BUSINESS ENTI	TY	Cummins Engine (WE CONTRACTOR	
STOCK HELD OF					
NUMBER OF SH		LESS THAN 100	X 100 TO 499	500 TO 999	
NUMBER OF SH	ARES	5,000 TO 9,999	10,000 OR MOR	_	1,000 10 4,888
IF SOLD		LESS THAN \$5,000			\$25,000-OR MORE
		LE33 1041 \$3,000		- \$10,000-\$24,388	C S25,000-OK MONE
	NET LOSS				
BUSINESS ENTIT		Oracle Corp.	NA	ME	
BUSINESS ENTIT	TY	Oracle Corp.	NA SPOUSE		
STOCK HELD OF	TY RACQUIRED BY	T FILER			LD
	TY RACQUIRED BY	ESS THAN 100	SPOUSE	DEPENDENT CHIL	
STOCK HELD OF	TY RACQUIRED BY	FILER LESS THAN 100 5,000 TO 9,999	SPOUSE	DEPENDENT CHIL 500 TO 999 E	1,000 TO 4,999
STOCK HELD OF NUMBER OF SH	TY RACQUIRED BY ARES	ESS THAN 100	SPOUSE 100 TO 499 10,000 OR MOR	DEPENDENT CHIL 500 TO 999 E	
STOCK HELD OF NUMBER OF SH	ARES	FILER LESS THAN 100 5,000 TO 9,999	Image: SPOUSE Image: Spouse <t< td=""><td>DEPENDENT CHIL 500 TO 999 E</td><td>1,000 TO 4,999</td></t<>	DEPENDENT CHIL 500 TO 999 E	1,000 TO 4,999
STOCK HELD OF NUMBER OF SHA	TY ARES NET GAIN NET LOSS	☑ FILER □ LESS THAN 100 □ 5,000 TO 9,999 □ LESS THAN \$5,000	Image: SPOUSE Image: Spouse <t< td=""><td>DEPENDENT CHI 500 TO 999 E S \$10,000\$24,999</td><td>1,000 TO 4,999</td></t<>	DEPENDENT CHI 500 TO 999 E S \$10,000\$24,999	1,000 TO 4,999
STOCK HELD OF NUMBER OF SHA IF SOLD BUSINESS ENTIT	ARES	☑ FILER □ LESS THAN 100 □ 5,000 TO 9,999 □ LESS THAN \$5,000 Pohang Iron & Steel	[2] SPOUSE [2] 100 TO 499 [] 10,000 OR MOR [] \$5,000-\$9,999	DEPENDENT CHIL 500 TO 999 E X \$10,000\$24,999 ME	1,000 TO 4,999
STOCK HELD OF NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR	ARES	FILER LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 Pohang Iron & Steel FILER	▲ SPOUSE ▲ 100 TO 499 □ 10,000 OR MOR □ \$5,000-\$9,999 ▲ NA ▲ SPOUSE	DEPENDENT CHIL 500 TO 999 E S10,000\$24,999 ME DEPENDENT CHIL 500 TO 999	□ 1,000 TO 4,999 □ \$25,000OR MORE
STOCK HELD OF NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR	ARES	FILER LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 Pohang Iron & Steel FILER LESS THAN 100	[™] SPOUSE [™] 100 TO 499 [™] 10,000 OR MOR [™] 35,000-\$9,999 [™] 35,000-\$9,999 [™] 35,000-\$9,999 [™] 35,000-\$9,999 [™] 35,000-\$9,999	DEPENDENT CHIL 500 TO 999 E \$ \$10,000-\$24,999 ME DEPENDENT CHIL 500 TO 999 E	□ 1,000 TO 4,999 □ \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR NUMBER OF SHA	TY R ACQUIRED BY ARES NET GAIN NET LOSS TY ARES NET GAIN NET LOSS	☑ FILER □ LESS THAN 100 □ 5,000 TO 9,999 □ LESS THAN \$5,000 Pohang Iron & Steel ☑ FILER □ LESS THAN 100 □ 5,000 TO 9,999	[™] SPOUSE [™] 100 TO 499 [™] 10,000 OR MOR [™] \$5,000-\$9,999 [™] \$5,000-\$9,999 [™] \$5,000 OR MOR [™] \$100 TO 499 [™] 10,000 OR MOR [™] \$5,000 OR MOR [™] \$5,000 OR MOR	DEPENDENT CHIL 500 TO 999 E S10,000\$24,999 ME DEPENDENT CHIL 500 TO 999 E X \$10,000\$24,999	□ 1,000 TO 4,999 □ \$25,000~OR MORE □ 1,000 TO 4,989

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STOCK					PART 2	
	JCABLE					
and indicate the c category of the a INSTRUCTION GL When reporting in	ategory of the numb amount of the net JIDE. nformation about a	per of shares held or a gain or loss realized	cquired. If some o from the sale.	r all of the stock was For more information	uring the calendar year sold, also indicate the on, see FORM PFS you are reporting by	
¹ BUSINESS ENT	ITY	Noble Corp.	N	IAME		
² STOCK HELD O	R ACQUIRED BY	FILER	SPOUSE		LD	
³ NUMBER OF SH	ARES	LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999	
4 IF SOLD	NET GAIN	LESS THAN \$5,000	5 ,000- \$ 9.999	\$10,000\$24,999	\$25,000OR MORE	
BUSINESS ENTI	ITY	Procter & Gamb		AME		
STOCK HELD OF	R ACQUIRED BY	I FILER	X SPOUSE	DEPENDENT CHI	LD	
NUMBER OF SH	ARES	LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999	
IF SOLD	NET GAIN	LESS THAN \$5,000	5 ,000 \$ 9,999	\$10,000\$24,999	\$25,000-OR MORE	
BUSINESS ENTI	ТҮ	Macquarle Infrastru	א, icture Co.	AME	······································	
STOCK HELD OF	R ACQUIRED BY		X SPOUSE		LD	
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	× 500 TO 999	1,000 TO 4,999	
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000-\$9,999	X \$10,000\$24,999	S25,000-OR MORE	
BUSINESS ENTI	ΤY	Boston Scientific Co	rp.	AME		
STOCK HELD OF	R ACQUIRED BY	FILER	SPOUSE		LO	
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	999 CIT 002	× 1,000 TO 4,999	
		5.000 TO 9.999	10.000 OR MOR	E		
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5.000	∑ \$5.000-\$9.999	\$10,000\$24,999	\$25,000-OR MORE	
BUSINESS ENTI	ΓY	General Electric Cor	р. NA	WE		
STOCK HELD OF	ACQUIRED BY		X SPOUSE		.D 0	
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	500 T() 999	1,000 TO 4,999	
		5,000 TO 9,999	10,000 OR MOR	E		
1F SOLD		LESS THAN \$5,000	x \$5,000\$9,999	510,000\$24,999	\$25,000OR MORE	
	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

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STOCK				PART 2		
NOT APPLICABLE						
List each business entity in which y and indicate the category of the nu category of the amount of the n INSTRUCTION GUIDE.	mber of shares held or a	acquired. If some o	r all of the stock was	sold, also indicate the		
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	Cemex SAB de C					
² STOCK HELD OR ACQUIRED B		X SPOUSE	DEPENDENT CHI	LD		
³ NUMBER OF SHARES	LESS THAN 100	100 TO 499	🕅 500 ТО 999 RE	1,000 TO 4,999		
4 IF SOLD INET GAIN	LESS THAN \$5,000	\$5,000-\$9,999	\$1C,000-\$24,999	\$25,000-OR MORE		
BUSINESS ENTITY	Rockwell Collins, I	nc. א	AME			
STOCK HELD OR ACQUIRED B		SPOUSE	DEPENDENT CHI	LD		
NUMBER OF SHARES	LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999		
	5,000 TO 9.999	10,000 OR MOR	۱ <u>۲</u>			
IF SOLD IF SOLD IF SOLD IF SOLD	LESS THAN \$5,000	∑ \$5,000-\$9,999	\$10.000~\$24,999	525,000-OR MORE		
BUSINESS ENTITY	Chesapeake E	nergy Corp.	AME			
STOCK HELD OR ACQUIRED B		SPOUSE		LD ·		
NUMBER OF SHARES	LESS THAN 100	x 100 TO 499	500 TO 999	1,000 TO 4,999		
	5,000 TO 9,999	10,000 OR MOR	٤E			
IF SOLD INET GAIN	LESS THAN \$5,000	x \$5,000-\$9,999	\$10,000\$24,99	\$25,000OR MORE		
BUSINESS ENTITY	Dow Chemical C	torp.	AME			
STOCK HELD OR ACQUIRED BY		SPOUSE		LD		
NUMBER OF SHARES	LESS THAN 100	x 100 TO 499	500 TO 999	1.000 TO 4,999		
	5,000 TO 9,999	10,000 OR MOR	IE			
IF SOLD IN NET GAIN	ELESS THAN \$5,000	5,000-\$9,999	\$10,000-\$24,999	S25,000OR MORE		
BUSINESS ENTITY	International Recti	fler Corp.	AME			
STOCK HELD OR ACQUIRED BY		SPOUSE		LD		
NUMBER OF SHARES	LESS THAN 100	X 100 TO 499	500 1'O 999	1,000 TO 4,999		
	5,000 TO 9,999	10.000 OR MOR	E			
IF SOLD INET GAIN	LESS THAN \$5,000	\$5,000-\$9,999	\$10.000-\$24,999	S25,000OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

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STOCK					PART 2		
	CABLE						
and indicate the cat	legory of the numb nount of the net	per of shares held or ac	cquired. If some or	r all of the stock was	aring the calendar year sold, also indicate the on, see FORM PFS		
When reporting information about a dependent child's activity, indicate the child about whom you are reporting to providing the number under which the child is listed on the Cover Sheet.					you are reporting by		
¹ BUSINESS ENTIT	Y	Nabors Industries, L	td. א	ame			
² STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CH	LD		
³ NUMBER OF SHA	RES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999		
4 IF SOLD		X LESS THAN \$5,000	5 ,000- \$ 9,999	\$10.000-\$24,999	\$25,000OR MORE		
BUSINESS ENTIT	Y	Research in Motior	n Ltd.	AME			
STOCK HELD OR	ACQUIRED BY		X SPOUSE	DEPENDENT CHI	LD		
NUMBER OF SHA	RES	ILESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999		
		5.000 TO 9.999	10,000 OR MOR	E			
IF SOLD	NET GAIN	X LESS THAN \$5,000	\$5,000~\$9,999	\$10,000-\$24,999	S25,000-OR MORE		
BUSINESS ENTIT	Y	Valero Energy Corp.	N/	WE .			
STOCK HELD OR			X SPOUSE				
NUMBER OF SHA		LESS THAN 100	100 TO 499		1.000 TO 4.999		
		5,000 TO 9,999	10,000 OR MOR				
IF SOLD	NET GAIN	X LESS THAN \$5,000	\$5,000-\$9,999	\$10.000-\$24.999	S25,000-OR MORE		
BUSINESS ENTIT	Y	SPDR Gold Trust	N	WE			
STOCK HELD OR	ACQUIRED BY		SPOUSE		D		
NUMBER OF SHA	RES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999		
		5,000 TO 9,999	10,000 OR MOR	E			
IF SOLD	NET GAIN	' LESS THAN \$5,000	≸ \$5,000~\$9,999	\$10,000\$24.999	S25,000-OR MORE		
BUSINESS ENTITY	ſ		NA	MÉ			
STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE		.0		
NUMBER OF SHAL	RES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999		
		5,000 TO 9,999	10,000 OR MOR				
IF SOLD	NET GAIN	LESS THAN \$5.000	\$ 5.000\$9,999	\$10.000\$24,999	\$25,000-OR MORE		
	COPY	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

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BONDS, NOTES & O	THER COM	IMERCIAL PAP	ER	PART 3				
		_						
calendar year. If sold, indicate the	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.								
1 DESCRIPTION OF INSTRUMENT	Chicago O'Har	e International Airport (mu	nicipal bond)					
² HELD OR ACQUIRED BY	X FILER	I SPOUSE	DEPENDENT C	HILD				
IF SOLD	LESS THAN	\$5,000 🗵 \$5,000\$9,999	\$1 0,000- \$24 ,999	S25,000-OR MORE				
DECODIOTION								
DESCRIPTION OF INSTRUMENT	General Moto	rs Acceptance Corp. (corpo	rate bond)					
HELD OR ACQUIRED BY	X FILER	SPOUSE		HILD				
IF SOLD	LESS THAN	\$5,000 🗵 \$5,000-\$9,999	\$10.000-\$24.999	S25,000-OR MORE				
DESCRIPTION OF INSTRUMENT								
HELD OR ACQUIRED BY		SPOUSE		HILD				
IF SOLD	LESS THAN	\$5,000 🗌 \$5,000-\$9,999	510,000\$24,999	S25,000OR MORE				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY								

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MUTUAL F	UNDS				PART 4
	ICABLE				
acquired during th some or all of the s from the sale. For	e calendar year an hares of a mutual fu more information, s	d indicate the category and were sold, also indi see FORM PFSINSTF	of the number of cate the category of RUCTION GUIDE.	shares of mutual fun of the amount of the r	ependent child held or ids held or acquired. If het gain or loss realized you are reporting by
		child is listed on the C			
1 MUTUAL FUND		Davis New York Ven		ame	
2 SHARES OF MUT HELD OR ACQUIR		I FILER	X SPOUSE		LD
3 NUMBER OF SHA		LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999
OF MOTOAC FUNC	5	🔲 5,000 ТО 9,999	10,000 OR MOR	RE	
4 IF SOLD		LESS THAN \$5,000	x \$ 5.000 -\$ 9,999	\$10,000524,999	S25,000OR MORE
MUTUAL FUND		Keeley Small Cap V		ME	· · · · · ·
SHARES OF MUT HELD OR ACQUIR		FILER	SPOUSE		LD
NUMBER OF SHA		LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999
OF MUTURE PUNC		🔲 5,000 TO 9,999	10,000 OR MOR	RE	
IF SOLD		[] LESS THAN \$5,000	× \$5.000-\$9,999	\$10.000\$24,999	\$25,000-OR MORE
MUTUAL FUND		Mutual Series Sh		ME	
SHARES OF MUT U HELD OR ACQUIR			SPOUSE		.D
NUMBER OF SHAR	Contract as a loss	LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,998
		5.000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN	LESS THAN \$5,000	5,000-\$9,999	\$10,000-\$24,999	525,000-OR MORE
	COPY	AND ATTACH ADDITIC	NAL PAGIES AS NE	CESSARY	
		internet in the			

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MUTUAL FUNDS					PART 4	
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 PFSINSTRUCTION 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						
	Prudent	ìal Jennison	Utility Fund Class A	i -		
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER		X SPOUSE		LD	
3 NUMBER OF SHARES OF MUTUAL FUND	LESS T	HAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999	
OF MOTOAL FOND	☐ 5,000 T	D 9,999	10,000 OR MOR	E		
4 IF SOLD INET GA	LESS T	HAN \$5.000	\$ 5,000- \$9, 999	\$10,000-\$24,999	S25,000-OR MORE	
MUTUAL FUND			NA	ME		
	Growth	r Fund of Ar	nerican Class A			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER		SPOUSE		LD	
NUMBER OF SHARES OF MUTUAL FUND	LESS TH	IAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999	
OF MOTOALT OND	5,000 TC	9,999	10,000 OR MOR	E		
	X LESS TH	IAN \$5,000	\$5,000\$9,99	S10,000-\$24,999	525.000-OR MORE	
MUTUAL FUND	Thornbur	g Core Grov	NW Number Class A	VE.		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER		SPOUSE		.D	
NUMBER OF SHARES	LESS TH	IAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999	
OF MUTUAL FUND	5,000 TO	9,999	10,000 OR MOR	E	ļ	
IF SOLD INET GA	X LESS TH	IAN \$5,000	\$ 5,000- \$ 9,899	\$10,000-\$24,999	[] \$25,000OR MORE	
	COPY AND ATTAC	H ADDITION	NAL PAGES AS NE	CESSARY		
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MUTUAL FU	INDS				PART 4		
	ABLE						
acquired during the some or all of the sha from the sale. For m	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 catendar 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		child is listed on the C	over Sheet.				
1 MUTUAL FUND		Capital World Gro		WE			
2 SHARES OF MUTU HELD OR ACQUIRE			SPOUSE	DEPENDENT CHI	LD		
3 NUMBER OF SHAR	ES	LESS THAN 100	x 100 TO 499	500 T-O 999	1,000 TO 4,999		
		5,000 TO 9,999	10,000 OR MOF	RE			
4 IF SOLD	NET GAIN	X LESS THAN \$5,000	55,000\$9,999	\$10,000-\$24,999	\$25,000-OR MORE		
MUTUAL FUND			NA	ME			
		Cohen & Steers G	lobal Realty Shares i	Fund			
SHARES OF MUTUA HELD OR ACQUIRE		X FILER	SPOUSE		LD		
NUMBER OF SHARE	ES	LESS THAN 100	🔲 100 TO 499	500 TO 998	1,000 TO 4,999		
		🗍 5,000 TO 9,999	10.000 OR MOR	E			
IF SOLD		E LESS THAN \$5,000	\$5,000-\$9,99	\$10,000-\$24,999	\$25,000-OR MORE		
MUTUAL FUND		Calamos Growth Fu	nd Class A	ME			
SHARES OF MUTUA HELD OR ACQUIREI		I FILER	SPOUSE		.D		
NUMBER OF SHARE	s	LESS THAN 100	X 100-TO 499	500 TC 999	1,000 TO 4,999		
OF MUTUAL FUND		5,000 TO 9,999	10,000 OR MOR	E			
IF SOLD		T LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY							

MUTUAL					PART
	PLICABLE				
acquired during some or all of the from the sale. Fo When reporting	the calendar year a shares of a mutual or more information, information about	per of shares in that mut nd indicate the category fund were sold, also indi- see FORM PFSINSTR a dependent child's ac ne child is listed on the C	of the number of s cate the category o RUCTION GUIDE, stivity, indicate the	shares of mutual fun If the amount of the n	ds held or acquired. et gain or loss realize
1 MUTUAL FUND		Templeton Growth		E	
2 SHARES OF MU HELD OR ACQU			SPOUSE		LD
3 NUMBER OF SH		LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999
OF MUTUAL FU	NU	5,000 TO 9,999		E	
4 IF SOLD		X LESS THAN \$5,000	\$5.000\$9.999	\$10,000- \$24,99 9	\$25,000-OR MORE
MUTUAL FUND		Thuroburg Internat		ME	
SHARES OF MU HELD OR ACQU	그는 아파님은 구멍을 들었다. 것은 것은 것은 것을 했다.	FILER	SPOUSE		_D
NUMBER OF SH OF MUTUAL FU		LESS THAN 100	X 100 TO 499	Б 500 ТО 999	1,000 TO 4,999
IF SOLD		X LESS THAN \$5,000	\$5,000-\$9.999	\$10,000-\$24,999	525,000OR MORE
MUTUAL FUND		Davis Appreciation &	NAI & Income Fund	ME	
SHARES OF MU HELD OR ACQU			X SPOUSE		.D
NUMBER OF SH		LESS THAN 100	X 100 TO 499	500 TO 999	1,000 TO 4,999
OF MUTUAL FUI	ALL	5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD		X LESS THAN \$5,000	55,000\$9,899	\$10,000\$24,999	S25,000-OR MORE
	and the second s				

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MUTUAL FL	JNDS				PART 4	
	ABLE					
acquired during the some or all of the sh from the sale. For m When reporting info	calendar year and ares of a mutual function of a mu	d indicate the category and were sold, also indi are FORM PFSINSTF	of the number of s cate the category of RUCTION GUIDE.	shares of mutual fun If the amount of the n	ependent child held or ds held or acquired. If et gain or loss realized you are reporting by	
1 MUTUAL FUND		Franklin Income		ME		
² SHARES OF MUTU HELD OR ACQUIRE		X FILER	X SPOUSE		LD	
3 NUMBER OF SHAR	ES	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999	
OF MUTUAL FUND		5.000 TO 9,999	10,000 OR MOR	₹E		
4 IF SOLD		ESS THAN \$5,000	\$ 5,000 \$ 9,999	\$10,000-\$24,999	S25,000OR MORE	
MUTUAL FUND		Pimco Mortgage-	NA Backed Securities	ме	······································	
SHARES OF MUTU HELD OR ACQUIRE		X FILER	SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHAR	EŜ	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999	
OF MUTUAL FUND		☐ 5,000 TO 9.999	10.000 OR MOR	MORE		
IF SOLD		LESS THAN \$5,000	\$5,000~\$9,999	X \$10.00 0\$24 ,999	S25,000-OR MORE	
MUTUAL FUND		Oppenheimer li	NA: nternational Bond.	ME		
SHARES OF MUTUA HELD OR ACQUIRE	62.10		X SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHARE	ES	LESS THAN 100	100 TO 499	500 T() 999	1,000 TO 4,999	
		5.000 TO 9,999	10,000 OR MOR	Ε		
IF SOLD	NET GAIN	X LESS THAN \$5,000	5.000\$9 ,999	\$10,000-\$24,999	() \$25,000-OR MORE	
	COPY	AND ATTACH ADDITIO	NAL PAGES AS NE	CESSARY		
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MUTUAL F	UNDS				PART 4
	CABLE				
acquired during th some or all of the s from the sale. For When reporting in	e calendar year an hares of a mutual fu more information, s nformation about a	d indicate the category und were sold, also indi are FORM PFSINSTF	of the number of s cate the category of RUCTION GUIDE.	shares of mutual fun of the amount of the n	ependent child held or ds held or acquired. If et gain or loss realized you are reporting by
1 MUTUAL FUND NAME Lord Abbett Mid-Cap Value Fund					
2 SHARES OF MUT HELD OR ACQUIR		T FILER	X SPOUSE		LD
3 NUMBER OF SHA OF MUTUAL FUND		LESS THAN 100	100 TO 499	500 TO 999	x 1.000 TO 4,999
	,	5,000 TO 9,999	10,000 OR MOR	RE	
4 IF SOLD		LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	정 \$25,000OR MORE
MUTUAL FUND Van Kampen Global Franchise Fund					
SHARES OF MUTI HELD OR ACQUIR			SPOUSE		.D
NUMBER OF SHAF OF MUTUAL FUNC		LESS THAN 100	100 TO 499	<mark>≋ 500</mark> то 999 Е	1,000 TO 4,999
IF SOLD		LESS THAN \$5,000	55,000–\$9,99	≭ \$10,000\$24,999	S25,000OR MORE
MUTUAL FUND		Powershares	هم Emerging Markets :	we Sovereign Debt Fund	
SHARES OF MUTL HELD OR ACQUIR			X SPOUSE		.0
		LESS THAN 100	X 100 TO 499	500 TO 999	1,00 0 TO 4,999
OF MUTUAL FUND		🗍 5.000 TO 9.999	10,060 OR MOR	E	
IF SOLD		LESS THAN \$5,000	X \$5,000-\$9,999	510,000\$24,999	() \$25,000OR MORE
	COPY	AND ATTACH ADDITIO	NAL PAGES AS NE	CESSARY	
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	6				PART 4	
NOTAPPLICABLE						
List each mutual fund and t acquired during the calenda some or all of the shares of a from the sale. For more info When reporting information providing the number under	ar year an a mutual fu rmation, s n about a	d indicate the categor and were sold, also ind ee FORM PFSINSTF dependent child's ad	y of the number of icate the category of RUCTION GUIDE.	shares of mutual fun of the amount of the r	ids held or acquired. If het gain or loss realized	
1 MUTUAL FUND		Fidelity Contr				
² SHARES OF MUTUAL FUNE HELD OR ACQUIRED BY)		SPOUSE		I.D	
3 NUMBER OF SHARES		LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999	
OF MUTUAL FUND		🗍 5,000 TO 9,999	10,000 OR MOR	RE		
4 IF SOLD		LESS THAN \$5,000	5,000-\$9,999	\$ †0,000- \$24,999	¥25,000-OR MOR€	
MUTUAL FUND		NAME				
		Fidelity Growt	n Company Fund			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY)	X FILER	SPOUSE		LD	
NUMBER OF SHARES		LESS THAN 100	100 TO 499	🗍 500 то 999	X 1,000 TO 4,999	
OF MUTUAL FUND		5,000 TO 9,999	10,000 OR MOR	E		
	.ch.ine.5	LESS THAN \$5.000	\$ 5,000- \$ 9,999	510,000\$24,999	[X] \$25,000-OR MORE	
MUTUAL FUND			NA/	ME		
		Fidelity Large-Cap	Value Fund			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Ĩ	TILER	SPOUSE		.D	
NUMBER OF SHARES		LESS THAN 100	100 TO 499	500 T() 999	X 1,000 TO 4,999	
OF MUTUAL FUND		5,000 то 9,999	10,000 OR MOR	E		
	1	LESS THAN \$5,000	5,000-\$9,999	\$10,000\$24,999	X \$25,000-OR MORE	
	COPY	AND ATTACH ADDITIO	NAL PAGES AS NE	CESSARY		
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NOTAPPLICABLE				
List each mutual fund and the num acquired during the calendar year some or all of the shares of a mutua from the sale. For more information When reporting information about providing the number under which t	and indicate the category I fund were sold, also ind , see FORM PFSINSTE t a dependent child's ad	y of the number of a icate the category of RUCTION GUIDE. ctivity, indicate the	shares of mutual fun of the amount of the n	ds held or acqui let gain or loss re
1 MUTUAL FUND	Fidelity New Miller		ME .	
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		SPOUSE		LD
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	X 1.000 TO 4,99
4 IF SOLD	LESS THAN \$5,000	\$ 5,000~ \$ 9,999	\$10,000~\$24,999	x \$25,000OR
MUTUAL FUND	Fidelity Smal	NA I-Cap Independent F	we und	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	E FILER			.D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,99
IF SOLD IN NET GAIN	LESS THAN \$5.000	5,000–59,99	\$10,000\$24,999	∑ \$ 25,000OR
MUTUAL FUND	Fidelity Intern	NA National Discovery Fi	ме und	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		SPOUSE		.D O
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOR	¥ 500 TO 999 E	[] 1,000 TO 4.98
		5,000-\$9,999	\$10,000\$24,999	525,000-OR

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MUTUAL FUNDS					PART 4
List each mutual fund and t acquired during the calenda some or all of the shares of a from the sale. For more infor When reporting information providing the number under	ir year and indicate to imutual fund were so imation, <i>see</i> FORM f i about a dependen	he categor old, also ind PFS-INSTI at child's a	y of the number of licate the category of RUCTION GUIDE. ctivity, indicate the	shares of mutual fur of the amount of the r	nds held or acquired. If net gain or loss realized
MUTUAL FUND	Fidel	ity Governn	ہم nent Income Fund		
SHARES OF MUTUAL FUNE HELD OR ACQUIRED BY) X FILER		SPOUSE		LD
NUMBER OF SHARES		HAN 100	100 TO 499	500 TO 999	X 1,000 TO 4,999
	☐ 5,000 T	O 9,999	10,000 OR MOR	RE	
IF SOLD INET	LESS T	HAN \$5,000	\$ 5,000 \$ 9,999	X \$10,000-\$24,999	\$25,000OR MORE
MUTUAL FUND			NA vantage Emerging N green Markets Grow		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY			SPOUSE		LD
NUMBER OF SHARES OF MUTUAL FUND	LESS T	HAN 100	100 TO 499	x 500 TO 999	1,000 TO 4,999
OF MOTOAL FOND	5,000 T	D 9,999	10,000 OR MOR	E	
	LESS T	HAN \$5,000	× \$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
MUTUAL FUND	Calam	os Growth &	NA & Income Fund	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY) FILER		SPOUSE		.D
NUMBER OF SHARES OF MUTUAL FUND	LESS TH		100 TO 499	500 T() 999 Е	1,000 TO 4,999

Texas Ethics Commission P	O. Box 12070 Aus	lin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
INCOME FROM IN	TEREST, DIVID	DENDS, ROYA	LTIES & REN	ITS PART 5
NOTAPPLICABLE			<u> </u>	<u></u>
List each source of income you interest, dividends, royalties, an more information, see FORM P	id rents during the calen	dar year and indicate the		
When reporting information a providing the number under wh			e child about whom	you are reporting by
SOURCE OF INCOME	Garage Apartm 3802 Ave. F Austin, TX 787.	hent	ID ADDRESS	
² RECEIVED BY	X FILER	SPOUSE		HILD
3 AMOUNT	\$\$500-\$4,999	∑ \$5,000\$9,999	\$10,000- \$ 24,999	\$25,000-OR MORE
SOURCE OF INCOME		NAME AN	DADDRESS	
	1712 E. 38th St. Austin, TX 78723			
RECEIVED BY		X SPOUSE		HILD
AMOUNT	5500-\$4,999	\$ 5,000 -\$ 9,999	L \$10.000 \$24, 999	\$25,000OR MORE
SOURCE OF INCOME			DADDRESS	
	1200 E. 11th St., Austin, TX 78702	Apt 209		
RECEIVED BY		SPOUSE		
AMOUNT	\$500-\$4,999	\$5,000-\$9,999	x \$10,000-\$24,999	\$25,000-OR MORE
COP	AND ATTACH ADD	TIONAL PAGES AS	NECESSARY	
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exas Ethics Commission P.O.	Box 12070 Austin.	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
PERSONAL NOTES	AND LEASE A	GREEMEN	rs	PART 6
Identify each guarantor of a a dependent child had a total fir agreement at any time during the tion, see FORM PFSINSTRUCT When reporting information abo providing the number under which	nancial liability of more calendar year and indic ION GUIDE. ut a dependent child's	than \$1,000 in the ate the category of the activity, indicate the	form of a personal r be amount of the liabi	note or notes or lease lity. For more informa
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Wells Fargo Home I	Mortgage		
LIABILITY OF	X FILER	SPOUSE		CHILD
GUARANTOR	NONE			
AMOUNT	\$1.000-\$4,999	\$ 5,000 \$ 9,999	\$10,000\$24,999	x \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of America			
LIABILITY OF	X FILER	X SPOUSE		
GUARANTOR	NONE			
AMOUNT	\$1,000-\$4,999	(_) \$ 5,000 - \$9,999	\$10,000-\$24,999	X \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Citibank Master	card		
LIABILITY OF	I FILER	X SPOUSE		:HILD
GUARANTOR	NONE	· ·		
AMOUNT	X \$1,000-\$4,899	\$ 5,000 \$ 9,999	\$ 10,000- \$ 24,999	S25,000-OR MORE
COPY /	ND ATTACH ADDIT	IONAL PAGES AS	NECESSARY	
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Texas Ethics Commission P.O. E	Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
INTERESTS IN REAL	PROPE	RTY		PART 7A
Describe all beneficial interests in calendar year. If the interest was so For an explanation of "beneficial INSTRUCTION GUIDE. When reporting information abou providing the number under which	old, also indicat interest" and c t a dependent	e the category of the amount other specific directions for o t child's activity, indicate the	of the net gain or loss completing this section	realized from the sale. on, see FORM PFS-
¹ HELD OR ACQUIRED BY	FILER	X SPOUSE		HLD
2 STREET ADDRESS NOT AVAILABLE X CHECK IF FILER'S HOME ADDRESS	3802 Avenu Austin, TX 1		ING CITY, COUNTY, AND STATE	
3 DESCRIPTION K LOTS ACRES	Residentia	NUMBER OF LOTS OR ACRES AND		
NAMES OF PERSONS RETAINING AN INTEREST	NONE			
IF SOLD	LESS T	HAN \$5,000 🗍 \$5,000\$9,999	☐ \$10,000~ \$ 24,999	() \$25.000–OR MORE
HELD OR ACQUIRED BY	FILER	X SPOUSE		
STREET ADDRESS		STREET ADDRESS, INCLUDE 38th St. , TX 78723	NG CITY, COUNTY, AND STATE	
DESCRIPTION X LOTS ACRES	Rental sing	NUMBER OF LOTS OR ACRES AND le-family house; Travis County	NAME OF COUNTY WHERE LOC	CATED
NAMES OF PERSONS RETAINING AN INTEREST	Noine			
IF SOLD IN NET GAIN IN NET LOSS	🗍 LESS TH	HAN \$5,000 🗌 \$5,000-\$9,999	5 10,000- \$24 ,999	325,000-OR MORE
COPY A	ND ATTACH	ADDITIONAL PAGES AS	NECESSARY	
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Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070 (512) 463-5800

(TDD 1-800-735-2989)

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.

¹ HELD OR ACQUIRED BY	
STREET ADDRESS NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, CCUNTY, AND STATE 1) J.H. Lindley, Tract 36, A.777 3) H&TC Railroad Co., Block 2, Tract 18, A.1059 2) Block 27, Tract 20, A.1012 4) H&TC Railroad Co., Block 1, Tract 60, A.964
3 DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Partial Interest in 4 Sections: Janice Spelman, Philip Cravens, Richard Cravens
⁵ IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE
HELD OR ACQUIRED BY	
STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1200 E. 11th St., Apt 209 Austin, TX 78702
DESCRIPTION	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
LOTS	Conclo; Travís County
	Conclo; Travis County
ACRES	
ACRES ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST) IF SOLD NET GAIN NET LOSS	NONE

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INTERESTS IN BUS	NESS E	NTITIES		PART 78
NOTAPPLICABLE				
Describe all beneficial interests in calendar year. If the interest was s For an explanation of "beneficial INSTRUCTION GUIDE. When reporting information about providing the number under which	old, also indica interest" and ut a depende	ate the category of the amount other specific directions for nt child's activity, indicate th	of the net gain or loss completing this sect	realized from the sale ion, see FORM PFS-
¹ HELD OR ACQUIRED BY		SPOUSE		HILD
² DESCRIPTION			NO ADDRESS Tiler's Home Address)	
IF SQLD	LESS -	THAN \$5,000 🗍 \$5,000-\$9,999	[] \$10,000-\$24,9 99	() \$25,000-OR MORE
HELD OR ACQUIRED BY				HILD
DESCRIPTION			ND AODRESS Filers Home Address)	
IF SOLD	LESS	гна n \$ 5.000 🏾 \$5.000-\$9,999	☐ \$10.000\$24,999	S25,000-OR MORE
HELD OR ACQUIRED BY				нцр
DESCRIPTION			ND ADDRESS iter's Home Address)	
IF SOLD	LESS T	HAN \$5,000 🗌 \$5,000\$9,999	510,000\$24,999	\$25,000-OR MORE
COPY A	ND ATTACH	ADDITIONAL PAGES AS	NECESSARY	
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GIFTS				PART 8
NOTAPPLICABLE				
Identify any person or organization describe the gift. The description of include a statement of the value of the registered as a lobbyist under chap 3) gifts given by a person related to see FORM PFS-INSTRUCTION G When reporting information about providing the number under which	a gift of cash o he gift. Do not ter 305 of the C the recipient w UIDE. it a dependen	r a cash equivalent, such as a include: 1) expenditures requir Sovernment Code; 2) political o ithin the second degree by cor nt child's activity, indicate the	negotiable instrument o red to be reported by a p contributions reported a hsanguinity or affinity. F	r gift certificate, must erson required to be is required by law; or for more information,
1		NAME AN	DADDRESS	
DONOR				
² RECIPIENT		SPOUSE)
3 DESCRIPTION OF GIFT				
DONOR		NAME AND	DADDRESS	
RECIPIENT	FILER	SPOUSE	DEPENDENT CHILE) <u> </u>
DESCRIPTION OF GIFT				
DONOR		NAME ANI	DADDRESS	
RECIPIENT)
DESCRIPTION OF GIFT				
COPY	AND ATTACH	ADDITIONAL PAGES AS	NECESSARY	

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TRUST INCOME					PART 9
X NOTAPPLICABLE					
Identify each source of Incor category of the amount of in than \$500 in Income, if the id When reporting information providing the number under	come received. Als dentity of the asset is about a depende	o identify ea s known. Fo int child's a	ch asset of the trus r more information ctivity, indicate the	t from which the ben , see FORM PFSIN	eficiary received <i>more</i> ISTRUCTION GUIDE.
¹ SOURCE			NAME (DF TRUST	
² BENEFICIARY		1			CHILD
3 INCOME	🗌 LESS	THAN \$5,000	[] \$5,000~ \$ 9,999	[] \$10,000-\$24,999	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIV	ED				
SOURCE			NAME O	DF TRUST	
BENEFICIARY					CHILD
INCOME	LESS	THAN \$5,000	\$5,000\$9,999	\$10,000~\$24,999	325,000-OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIV	ED				
SOURCE			NAME O	FTRUST	
BENEFICIARY			SPOUSE		CHILD
INCOME	LESS	THAN \$5,000	[] \$5,000 \$ 9,999	\$10,000 ~\$24 ,999	S25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIV	ED				
C(DPY AND ATTAC	H ADDITIO	NAL PAGES AS	NECESSARY	
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BLIND TRUSTS				PART
X NOTAPPLICABLE				
Identify each blind trust that GUIDE.	complies with section	n 572.023(c) of the Governm	ent Code. See FORM	PFSINSTRUC
When reporting informatio providing the number unde	n about a dependen r which the child is list	t child's activity, indicate the	ne child about whom	you are reporti
1 NAME OF TRUST				
² TRUSTEE		NAME /	AND ADDRESS	
³ BENEFICIARY		SPOUSE		
4 FAIR MARKET VALUE	LESS TH	IAN \$5,000 [] \$5,000-\$9,999	510.000\$24,999	\$25,000-OR N
5 DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME /	AND ADDRESS	
BENEFICIARY	E FILER			
FAIR MARKET VALUE	LESS TH	IAN \$5,000 🗍 \$5,000\$9,999	\$10,000-\$24,999	\$25,000-OR
DATE CREATED				
NAME OF TRUST			2. 	
TRUSTEE		NAME A	AND ADDRESS	
BENEFICIARY		[] SPOUSE		
FAIR MARKET VALUE		IAN \$15,000 🔲 \$5,000-\$9,999	\$10,000-\$24,999	S25,000-OR N
DATE CREATED	1			

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
TRUSTEE STATE	EMENT			PART 10B
X NOTAPPLICABLE				
	stee of each blind tru	trust on Part 10A of the Pert stilisted on Part 10A. The portle		
1 NAME OF TRUST				
² TRUSTEE NAME				
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED		NAME		
4 TRUSTEE STATEMENT	trust except inform	alty of perjury, that I have not revenation that may be disclosed und the best of my knowledge, the	er section 572.023 (b)(8) of the Government
		Tru	istee Signature	
§ 572.023. Contents of Fina	ancial Statement in	General		
(b) The account of financial a	activity consists of:			
than a blind trust that	complies with Subse	tegory of the amount of all incor action (c), and identification of e peneficiary in excess of \$500;		
(14) identification of	each blind trust that	complies with Subsection (c),	including:	
(A) the categ	jory of the fair marke	et value of the trust;		ļ
(B) the date	the trust was create	d;		
(C) the name	e and address of the	trustee; and		
(D) a statem	ent signed by the tru	stee, under penalty of perjury,	stating that:	
	stee has not reveale ubdivision (8); and	d any information to the individua	al, except information	that may be disclosed
(ii) to the	best of the trustee'	s knowledge, the trust complie	s with this section.	
(c) For purposes of Subsection	ons (b)(8) and (14),	a blind trust is a trust as to whic	:h:	
(1) the trustee:				
(A) is a disin	terested party;			
(B) is not the	individual;			
(C) is not req	uired to register as a	a lobbyist under Chapter 305;		
(D) is not a p	ublic officer or public	employee; and		
(E) was not a supervises; a		fice by the individual or by a pub	lic officer or public er	nployee the individual
(2) the trustee has c assets without consu		o manage the trust, including t individual.	he power to dispose	e of and acquire trust
amendment to the individual's	most recent financial	while the individual is subject to I statement, disclosing the date of enhancement as the sectors and the sectors and the sectors and the sectors as the sec	this subchapter, the of revocation and the	individual must file an previously unreported
value by category of each ass	set and the income d	enveu nom each asset.		

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Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)								
ASSETS OF BU	ISINESS ASS	OCIATIONS		PART 11A								
X NOTAPPLICABLE												
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 r/s Home Address}									
² BUSINESS TYPE												
³ HELD, ACQUIRED, OR SOLD BY	FILER			CHILD								
4 ASSETS	D	ESCRIPTION	CATE	GORY 5,000-\$9,999								
~	 <i></i>		[] \$10,000-\$24,999	\$25,000-OR MORE								
			LESS THAN \$5,000	\$5.000-\$9,999								
			\$10,00D-\$24,999	\$25,000-OR MORE								
			LESS THAN \$5,000	\$5,000\$9,999								
			\$10,000-\$24,999	\$25,000-OR MORE								
			 [] LESS THAN \$5,000	\$5.000-\$9,999								
			510,000 -\$24,999	S25,000-OR MORE								
			LESS THAN \$5,000	\$5,000-\$9,999								
			10.000 - \$24,999	S25.000OR MORE								
			LESS THAN \$5,000	\$5,000\$9,999								
			\$10,000\$24,999	S25.000-OR MORE								
			LESS THAN \$5,000	55,000-\$9,999								
			\$10,000\$24,999	\$25.000-OR MORE								
			LESS THAN \$5,000	55,000-\$9,999								
			\$10,000 ~\$24,999	\$25,000-OR MORE								
0	OPY AND ATTACI	ADDITIONAL PAGES	AS NECESSARY	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY								

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LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

X NOT APPLICABLE

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited tiability 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.

BUSINESS ASSOCIATION	NAME AND ADDRESS					
² BUSINESS TYPE						
³ HELD, ACQUIRED, OR SOLD BY						
4 LIABILITIES	DES	SCRIPTION	CATE	GORY		
			 [] \$10,000-\$24,999	525.000OR MORE		
		`	LESS THAN \$5,000	55,000\$9,999		
			\$10,000\$24,999	\$25,000OR MORE		
1			LESS THAN \$5,000	5,000\$9 ,999		
		••••••••••••••••••••••••••••••••••••••	510,000\$24,999	S25.000OR MORE		
			LESS THAN \$5,000	\$5,000-\$9,999		
			510,000\$24,999	S25,000-OR MORE		
			LESS THAN \$5,000	\$ 5,000 \$9 ,999		
			\$10.000\$24.999	S25,000OR MORE		
			LESS THAN \$5,000	\$5,000-\$9,999		
			\$10,000-\$24,999	S25,000-OR MORE		
			LESS THAN \$5,000	\$5 ,000- \$9 ,999		
			510,000\$24,999	S25,000-OR MORE		
			LESS THAN \$5,000	55,000\$9,999		
			[] \$10,000\$24,999	\$25,000OR MORE		
C	OPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY			

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P.O. Box 12070 Austin, Texas 78711-2070

(TDD 1-800-735-2989) (512) 463-5800

PART 12

BOARDS AND EXECUTIVE POSITIONS

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	Rainforest Partnership	, Inc.	
² POSITION HELD	Executive Director		
³ POSITION HELD BY		SPOUSE	
ORGANIZATION	Asian & Pacific Islander	American Health Forum	
POSITION HELD	Member, Board of Dire	ctors	
POSITION HELD BY		X SPOUSE	
ORGANIZATION	Texas Municipal Leage	Je	
POSITION HELD	Board Member		
POSITION HELD BY			
ORGANIZATION	National League of Ci	ties, Transportation Infra	astructure Committee
POSITION HELD	Member, Steering	Committee & Policy Co	mmittee
POSITION HELD BY			
ORGANIZATION			
POSITION HELD			
POSITION HELD BY			
С	OPY AND ATTACH A	DDITIONAL PAGES	AS NECESSARY

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EXPENSES ACCEPT	ED UNDER HO	NORARIUM	EXCEPTION	PART 13
NOTAPPLICABLE				
Identify any person who provided yo of the Penal Code, in connection wi audience or participating in a semi transportation, meals, or lodging. Y on a campaign finance report, or ex Government Code). For more inform	th a conference or similal har, that were more than ou are not required to inc penditures required to be	r event in which you r perfunctory. Also pr lude items you have reported by a lobbyi	endered services, su ovide the amount of alreacly reported as ist under the lobby la	uch as addressing an I he expenditures on political contributions
¹ PROVIDER	2	NAME AND	DORESS	
² AMOUNT				
		NAME AND A	NDDRESS	
PROVIDER)
			_	
AMOUNT				
PROVIDER		NAME AND A	ADDRESS	
	,			
AMOUNT				
		NAMEANDA	DORESS	
PROVIDER				
				{
AMOUNT				
COPY A	ND ATTACH ADDITIO	NAL PAGES AS I	NECESSARY	

INTEREST IN BUS	SINESS IN CON	MON WITH L	OBBYIST	PART 14
NOTAPPLICABLE				
Identify each corporation, firm, sional association, joint ventu spouse, or a dependent child, a an interest. For more informati	re, or other business as ind a person registered as	sociation, other than a s a lobbyist under chapte	publicly-heid corporat	tion, in which you, you
1 BUSINESS ENTITY		NAME	ND ADDRESS	
² INTEREST HELD BY			DEPENDENT CH	ILO
BUSINESS ENTITY		NAME A	ND ADDRESS	
INTEREST HELD BY	FILER	SPOUSE		ILD
BUSINESS ENTITY		NAME A	ND ADDRESS	
IN TEREST HELD BY	FILER		DEPENDENT CH	LD
BUSINESS ENTITY		NAMEAN	ND ADDRESS	
INTERESTHELD BY	Filer	SPOUSE		LD
BUSINESS ENTITY		NAME AN	ID ADDRESS	
INTEREST HELD BY	FILER			
00	Y AND ATTACH AD			

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TOALOBBYIST	FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER							
NOT APPLICABLE								
chapter 305 of the Government sates or reimburses a person								
¹ PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					•			
FEE CATEGORY		THAN \$5,000	5 ,000- \$ 9,999	\$10,000-\$24,999	\$25,000-OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED								
FEE CATEGORY		THAN \$5,000	\$5.000-\$9,999	\$10,000-\$24,999	525,000-OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED								
FEE CATEGORY	[] LESS	THAN \$5.000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED								
FEE CATEGORY	LESS	THAN \$5.000	\$5,000-\$9,999	\$10,00-\$24,999	S25,000-OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED								
FEE CATEGORY		THAN \$5,000	\$5,000\$9,989	\$10,000-\$24,999	\$25,000-OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED								
FEE CATEGORY	C LESS	THAN \$5.000	5,000-\$9,999	S10,00-\$24,999	\$25,000-OR MORE			
со	PY AND ATTAC	H ADDITIO	NAL PAGES AS	NECESSARY				

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Texas Ethics Commission P.O. Be	DX 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
REPRESENTATION E STATE AGENCY	BY LEGIS	SLATO	R BEFORE		PART 16
X NOTAPPLICABLE					
This section applies only to members for compensation before a state name of the person represented, ar information, see FORM PFS-INSTRU Note: Beginning September 1, 200 agency in the executive branch. The relationship in a criminal law matter; (on the part of the agency; or (3) th September 1, 2003.	agency in t ad the catego JCTION GUIE 03, legislators e prohibition d 2) the represe	he execut ry of the ar DE. may not, f oes not appentation invo	ive branch must nount of the fee r or compensation, oly if: (1) the repre- olves the filing of d	provide the name eccived for the repr represent another p sentation is pursuan ocuments that involv	e of the agency, the esentation. For more berson before a state at to an attorney/client e only ministerial acts
1 STATE AGENCY					
² PERSON REPRESENTED					
3 FEE CATEGORY	LESS TI	HAN \$5,000	S5,000- \$ 9,999	\$10,000-\$24,999	S25,000-OR MORE
STATE AGENCY					
PERSON REPRESENTED					
FEE CATEGORY		HAN \$5,000	\$5,000~\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
STATE AGENCY					
PERSON REPRESENTED				n.	
FEE CATEGORY		IAN \$5,000	\$5,000-\$9,999	\$10.000-\$24,999	\$25,000-OR MORE
STATE AGENCY					
PERSON REPRESENTED					
FEE CATEGORY		IAN \$5,000	\$ 5,000- \$ 9,999	\$10,0(10\$24,999	\$25,000-OR MORE
COPY AN	ID ATTACH	ADDITION	AL PAGES AS	NECESSARY	

of the Government Code or reported in the statement a activities in connection with	unction in honor or appreciation of a public servant required to file a statement under chapter 572 title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or the office which are nonrelmbursable by the state or a political subdivision. If such a benefit is by the public servant under title 15 of the Election Code, the benefit is reportable here. For more S–INSTRUCTION GUIDE.
¹ SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
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COURT, & JURISDICTION	,	_			
DATE OF CONTINUANCE APPLICATION					
WAS CONTINUANCE GRANTED?	TYES	C) NO			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

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