(512) 463-5800

# PERSONAL FINANCIAL STATEMENT

P.O. Box 12070

# FORM PFS COVER SHEET

		COVER SHEET		
For filings req	in accordance with chapter 572 of the Government Code. uired in 2012, covering calendar year ending December 31, 2011. RM PFSINSTRUCTION GUIDE when completing this form.	TOTAL NUMBER OF PAGES FILED:		
1 NAME	TITLE; FIRST; MI  KATHRYNE BETH  NICKNAME; LAST; SUFFIX  TOYO	OFFICE USE ONLY  Date Received  AUSTIN  RE		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  BO9 W. 32 NO ST.  AUST/N, TX 78705  (CHECK IF FILER'S HOME ADDRESS)	Receipt #  HO/PM  Amount  Amount  Amount		
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER: EXTENSION  (5/2) 565 - 5361	Date Processed O)		
4 REASON FOR FILING STATEMENT	☐ CANDIDATE  ☐ ELECTED OFFICER A VST/N CITY COVNCIL  ☐ APPOINTED OFFICER ☐ EXECUTIVE HEAD ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT ☐ STATE PARTY CHAIR ☐ OTHER	(INDICATE AGENCY)  (INDICATE AGENCY)  (INDICATE AGENCY)		
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  CHILD 1. ELLA HUIJIAO TOVO-HUR  2. LORI QIVLI TOVO-HURT  3.	-T		
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				

P.O. Box 12070

SOURCES OF OCCUI	PATIONAL INCOME PART 1A
	a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.
1 INFORMATION RELATES TO	FILER SPOUSE DEPENDENT CHILD
2 EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD  (Check If Filer's Home Address)
☑ EMPLOYED BY ANOTHER	AUSTIN CITY HALL  301 W. 2ND ST.
SELF-EMPLOYED	AUSTIN, TX 78701  NATURE OF OCCUPATION  AUSTIN CITY COUNCIL MEMBER
INFORMATION RELATES TO	☐ FILER SPOUSE ☐ DEPENDENT CHILD
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD  (Check If Filer's Home Address)
MEMPLOYED BY ANOTHER	HURT PARTHERS ARCHITECTS 409 W. 14th ST. AVSTIN, TX 78701
SELF-EMPLOYED	NATURE OF OCCUPATION  ARCH ITE CT
INFORMATION RELATES TO	FILER SPOUSE DEPENDENT CHILD
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELO  (Check If Filer's Home Address)
☑ EMPLOYED BY ANOTHER	BOB BULLOCK TEXAS STATE HISTORY MUSCUM 1800 N. CONGRESS AVENUE AUSTIN, TX 78701
SELF-EMPLOYED	NATURE OF OCCUPATION
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

## **RETAINERS**

ΡΔ	RT	1	E



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.

1 FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS  FILER OR FILER'S BUSINESS  SPOUSE 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
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	PAME OF BUSINESS  FILER OR FILER'S BUSINESS  SPOUSE OR SPOUSE'S BUSINESS  DEPENDENT CHILD OR CHILD'S BUSINESS
FEE RECEIVED BY	FILER OR FILER'S BUSINESS  SPOUSE OR SPOUSE'S BUSINESS

STOCK					PART 2
NOTAPPLIC	CABLE				
and indicate the car	tegory of the numb	, your spouse, or a dep er of shares held or ac gain or loss realized	quired. If some or	all of the stock was	sold, also indicate the
		dependent child's ac child is listed on the Co		child about whom	you are reporting by
1 BUSINESS ENTIT	ΓΥ	MANULIFE FI	NANCIAL	AME	
<sup>2</sup> STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	LD
3 NUMBER OF SHA	ARES	LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
		☐ 5,000 TO 9,999	☐ 10,000 OR MOR	Ë	
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	☐ \$25,000OR MORE
BUSINESS ENTIT	ſY	NEWS CORP	PORATION	AME	+ KENTAN PARKAN
STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	LD
NUMBER OF SHA	ARES	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 ☐ NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000-\$24,999</b>	☐ \$25,000OR MORE
BUSINESS ENTIT		INTRO GEN	N/	AME	
BUSINESS ENTIT	TY	INTROGEN	SPOUSE	ME DEPENDENT CHII	LD
	R ACQUIRED BY				LD
STOCK HELD OR	R ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHII	
STOCK HELD OR	R ACQUIRED BY	FILER LESS THAN 100	SPOUSE 100 TO 499	DEPENDENT CHII	
STOCK HELD OR NUMBER OF SHA	R ACQUIRED BY ARES  NET GAIN NET LOSS	FILER LESS THAN 100 5,000 TO 9,999	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999	DEPENDENT CHII	1,000 TO 4,999
STOCK HELD OR NUMBER OF SHA	R ACQUIRED BY ARES  NET GAIN NET LOSS	FILER LESS THAN 100 5,000 TO 9,999	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999	DEPENDENT CHII 500 TO 999 E \$10,000-\$24,999	1,000 TO 4,999  \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT	ACQUIRED BY ARES  NET GAIN NET LOSS  TY ACQUIRED BY	FILER LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999	DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999	1,000 TO 4,999  \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT	ACQUIRED BY ARES  NET GAIN NET LOSS  TY ACQUIRED BY	FILER LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000	SPOUSE  100 TO 499  10,000 OR MOR  \$5,000\$9,999	DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999  AME  DEPENDENT CHII  500 TO 999	1,000 TO 4,999  \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT	ACQUIRED BY ARES  NET GAIN NET LOSS  TY ACQUIRED BY	FILER LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000	SPOUSE  100 TO 499  10,000 OR MOR  \$5,000\$9,999	DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999  AME  DEPENDENT CHII  500 TO 999	1,000 TO 4,999  \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR NUMBER OF SHA	R ACQUIRED BY ARES  NET GAIN NET LOSS  ACQUIRED BY ARES  NET GAIN NET GAIN NET GAIN NET LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	SPOUSE  100 TO 499  10,000 OR MOR  \$5,000\$9,999  NA  SPOUSE  100 TO 499  10,000 OR MOR  \$5,000-\$9,999	DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999  AME  DEPENDENT CHII  500 TO 999	1,000 TO 4,999  \$25,000OR MORE  LD  1,000 TO 4,999
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR NUMBER OF SHA  IF SOLD	ARES  NET GAIN NET LOSS  ARES  ACQUIRED BY ARES  ACQUIRED BY ARES  NET GAIN NET GAIN NET LOSS	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	SPOUSE  100 TO 499  10,000 OR MOR  \$5,000\$9,999  NA  SPOUSE  100 TO 499  10,000 OR MOR  \$5,000-\$9,999	DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999  AME  DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999	☐ 1,000 TO 4,999  ☐ \$25,000OR MORE  LD ☐ 1,000 TO 4,999  ☐ \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT	ACQUIRED BY ARES  NET GAIN NET LOSS  ACQUIRED BY ARES  NET GAIN NET GAIN NET LOSS  ACQUIRED BY ARES ACQUIRED BY ARES	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	SPOUSE  100 TO 499  10,000 OR MOR  \$5,000\$9,999  SPOUSE  100 TO 499  10,000 OR MOR  \$5,000-\$9,999	DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999  AME  DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999	☐ 1,000 TO 4,999  ☐ \$25,000OR MORE  LD ☐ 1,000 TO 4,999  ☐ \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR	ACQUIRED BY ARES  NET GAIN NET LOSS  ACQUIRED BY ARES  NET GAIN NET GAIN NET LOSS  ACQUIRED BY ARES ACQUIRED BY ARES	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ FILER	SPOUSE  100 TO 499  10,000 OR MOR  \$5,000\$9,999  NA  SPOUSE  100 TO 499  10,000 OR MOR  \$5,000\$9,999	DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999  AME  DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999  AME  DEPENDENT CHII  500 TO 999	1,000 TO 4,999  \$25,000OR MORE  LD  1,000 TO 4,999  \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR NUMBER OF SHA  IF SOLD  BUSINESS ENTIT  STOCK HELD OR	ACQUIRED BY ARES  NET GAIN NET LOSS  ACQUIRED BY ARES  NET GAIN NET GAIN NET LOSS  ACQUIRED BY ARES ACQUIRED BY ARES	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ FILER ☐ LESS THAN \$5,000	SPOUSE  100 TO 499  10,000 OR MOR  \$5,000\$9,999  80  100 TO 499  10,000 OR MOR  \$5,000\$9,999  NA  SPOUSE  100 TO 499  100 TO 499	DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999  AME  DEPENDENT CHII  500 TO 999  E  \$10,000-\$24,999  AME  DEPENDENT CHII  500 TO 999	1,000 TO 4,999  \$25,000OR MORE  D  1,000 TO 4,999  \$25,000OR MORE  D  1,000 TO 4,999

www.ethics.state.tx.us Revised 10/27/2011

# **BONDS, NOTES & OTHER COMMERCIAL PAPER** PART 3 NOTAPPLICABLE 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. DESCRIPTION MAINSTAY GOV'T BOND (NEW YORK LIFE) OF INSTRUMENT HELD OR ACQUIRED BY SPOUSE DEPENDENT CHILD \_\_\_\_\_ FILER IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE ☐ NET GAIN ☐ NET LOSS DESCRIPTION VANGUARD LONG-TERM TREASURY (FIDELITY) OF INSTRUMENT HELD OR ACQUIRED BY FILER SPOUSE ☐ DEPENDENT CHILD \_\_\_\_ IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000--OR MORE ☐ NET GAIN ☐ NET LOSS CD-UFCU (UNIVERSITY FEDERAL CREDIT UNION) **DESCRIPTION** EARLY SAVER LERTICATE OF INSTRUMENT HELD OR ACQUIRED BY DEPENDENT CHILD \_\_\_\_\_ SPOUSE FILER IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE ☐ NET GAIN ■ NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FL	JNDS				PART 4
NOTAPPLIC	CABLE				
acquired during the some or all of the sh	calendar year and ares of a mutual fu	r of shares in that muti d indicate the category nd were sold, also indic se FORM PFSINSTR	of the number of s ate the category o	hares of mutual fund	ds held or acquired. If
		dependent child's acchild is listed on the Co	•	child about whom	you are reporting by
1 MUTUAL FUND		VAUC STO GLOBAL FUR	CK INDEX	FUND, MID-C	AP, SMAL-CAP,
<sup>2</sup> SHARES OF MUTU HELD OR ACQUIR		FILER	SPOUSE	DEPENDENT CHIL	.D
3 NUMBER OF SHAF OF MUTUAL FUND		☐ LESS THAN 100	100 TO 499	□ 500 TO 999 E	☐ 1,000 TO 4,999
4 IF SOLD	□ NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000 <b>\$24,999</b>	S25,000OR MORE
MUTUAL FUND		VANGUARD : GLOBAL FUR		FUND, MIS	O-CAP, SMALL CAP,
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		FILER	SPOUSE	DEPENDENT CHIL	_D
NUMBER OF SHAR OF MUTUAL FUND		LESS THAN 100	☐ 100 TO 499 ☑ 10,000 OR MOR	□ 500 TO 999 E	☐ 1,000 TO 4,999
IF SOLD	☐ NET GAIN	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000OR MORE
MUTUAL FUND		TEMPLETON		n (Merril Ly	NCH)
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		FILER	SPOUSE	DEPENDENT CHIL	
NUMBER OF SHARES OF MUTUAL FUND		LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOR	☐ 500 TO 999 E	1,000 TO 4,999
IF SOLD	□ NET GAIN □ NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000 <b>~\$24</b> ,999	S25,000OR MORE
	COPY	AND ATTACH ADDITIO	NAL PAGES AS NE	CESSARY	

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) **MUTUAL FUNDS** PART 4 NOTAPPLICABLE 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. NAME 1 MUTUAL FUND FIRST EAGLE MUTUAL FUND (MERRIL LYNCH) 2 SHARES OF MUTUAL FUND ☐ DEPENDENT CHILD \_\_\_ ☐ FILER HELD OR ACQUIRED BY 3 NUMBER OF SHARES ☐ 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 LESS THAN 100 OF MUTUAL FUND ▼ 5.000 TO 9.999 ☐ 10,000 OR MORE 4 IF SOLD NET GAIN LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE ☐ NET LOSS MUTUAL FUND DWS MUTUAL FUND (MERRIL LYNCH) SHARES OF MUTUAL FUND SPOUSE ☐ FILER DEPENDENT CHILD \_\_\_\_ HELD OR ACQUIRED BY 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 MORE IF SOLD ■ NET GAIN LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE ☐ NET LOSS MUTUAL FUND PIMED EMERGING LOCAL MUTUAL FUND (MERRIL LYNCH) SHARES OF MUTUAL FUND FILER SPOUSE DEPENDENT CHILD \_\_\_\_ HELD OR ACQUIRED BY NUMBER OF SHARES 100 TO 499 500 TO 999 LESS THAN 100 1,000 TO 4,999 OF MUTUAL FUND 5.000 TO 9.999 ☐ 10,000 OR MORE IF SOLD □ NET GAIN LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE ☐ NET LOSS

Revised 10/27/2011 www.ethics.state.tx.us

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

IF SOLD

www.ethics.state.tx.us

☐ NET GAIN

☐ NET LOSS

Revised 10/27/2011

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000--OR MORE

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5				
NOTAPPLICABLE				
List each source of income you, your spouse, or a dependent child received <i>in excess of \$500</i> 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 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 SOURCE OF INCOME	NAME AND ADDRESS  BOO CHRISTOPHER ST., REBIDENTIAL RENTAL PRIPERTY, SINGLE FAMILY HOUSE  BOO CHRISTOPHER ST. AUSTIN, TX 78704			
RECEIVED BY	FILER SPOUSE DEPENDENT CHILD			
3 AMOUNT	\$5,000-\$4,999 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE			
SOURCE OF INCOME	NAME AND ADDRESS  RATLIFF RIKER LP  P.O.BOX 1427  AUSTIN, TX 78767			
RECEIVED BY	FILER SPOUSE DEPENDENT CHILD			
AMOUNT	☐ \$5,000-\$9,999 ☐ \$10,000\$24,999 ☑ \$25,000-OR MORE			
SOURCE OF INCOME	NAME AND ADDRESS  HURT ASSET MANAGEMENT, LLC  BOO W. 14th ST.  AUSTIN, TX 78701			
RECEIVED BY	☐ FILER SPOUSE ☐ DEPENDENT CHILD			
AMOUNT	☐ \$500\$4,999 ☐ \$5,000\$9,999 ☐ \$10,000-\$24,999 ☑ \$25,000OR 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. NAME AND ADDRESS SOURCE OF INCOME HURT FAMILY INVESTMENTS LP RECEIVED BY M SPOUSE FILER ☐ DEPENDENT CHILD \_\_\_\_\_ \$500--\$4,999 **AMOUNT** \$5,000--\$9,999 \$10,000-\$24,999 \$25,000--OR MORE NAME AND ADDRESS SOURCE OF INCOME MANULIFE FINANCIAL **RECEIVED BY** SPOUSE FILER DEPENDENT CHILD \_\_\_\_ **AMOUNT** \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE NAME AND ADDRESS SOURCE OF INCOME RECEIVED BY FILER SPOUSE DEPENDENT CHILD \_\_\_\_ **AMOUNT** \$5,000-\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000-OR MORE \$500--\$4,999 COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

## Texas Ethics Commission P.O. Box 12070 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. COLONIAL SAVINUS BANK PERSON OR INSTITUTION (HOME MORTGAGE) HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF SPOUSE MEHER T DEPENDENT CHILD \_\_\_\_\_ **GUARANTOR** \$5,000-\$9,999 \$10,000--\$24,999 \$25,000--OR MORE **AMOUNT** \$1,000-\$4,999 INTERNATIONAL BANK OF LOMMERCE PERSON OR INSTITUTION (HOME MORTGAGE [Zno]) HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF SPOUSE FILER DEPENDENT CHILD \_\_\_\_ **GUARANTOR** ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 **☑** \$25,000--OR MORE **AMOUNT** \$1,000-\$4,999 BANK OF AMERICA PERSON OR INSTITUTION HOLDING NOTE OR (FOR BUSINESS ENTITY RETALESTATE -LEASE AGREEMENT MCCOTTAGE (LC) LIABILITY OF FILER SPOUSE DEPENDENT CHILD \_\_\_\_\_ **GUARANTOR** ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☑ \$25,000--OR MORE **AMOUNT** \$1,000~\$4,999

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

P.O. Box 12070

PERSONAL NOTES AND LEASE AGREEMENTS  PART 6				
NOTAPPLICABLE				
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 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.				
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	CAPITOL ONE BANK  (FOR BUSINESS ENTITY REAL ESTATE WEST FOURTEENTH LLC)			
2 LIABILITY OF	FILER	☑ spouse	DEPENDENT CHILD	
3 GUARANTOR				
4 AMOUNT	<b>\$1,000\$4,999</b>	\$5,000 <b>-\$</b> 9,999	\$10,000\$24,999 <b>\$</b> \$25,00	0OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	FILER	SPOUSE	DEPENDENT CHILD	
GUARANTOR				
AMOUNT	\$1,000-\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,00	0OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	☐ FILER	SPOUSE	DEPENDENT CHILD	_
GUARANTOR				
AMOUNT	\$1,000\$4,999	<b>\$5,000\$9,999</b>	\$10,000\$24,999 \$25,00	0OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

www.ethics.state.tx.us Revised 10/27/2011

(TDD 1-800-735-2989)

Texas Ethics Commission

INTERESTS IN REAL PROPERTY PART 7A				
NOTAPPLICABLE				
calendar year. If the interest was sol	real property held or acquired by you, your spouse, or d, also indicate the category of the amount of the net gai nterest" and other specific directions for completing t	in or loss realized from the sale.		
	a dependent child's activity, indicate the child aboune child is listed on the Cover Sheet.	it whom you are reporting by		
1 HELD OR ACQUIRED BY	Ø FILER Ø SPOUSE □ DEPE	ENDENT CHILD		
2 STREET ADDRESS  NOTAVAILABLE CHECK IF FILER'S HOME AGORESS	STREET ADDRESS, INCLUDING CITY, COUNTY 809 W. 32 57. AUSTIN, TX 78705, TRAIL			
3 DESCRIPTION  ✓ LOTS  ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNT  I LOT  TRAVIS COUNTY	Y WHERE LOCATED		
A NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)	COLONIAL SAVINUS BANK- INTERNATIONAL BANK OF CO	MME72LE		
5 IF SOLD  NET GAIN  NETLOSS	☐ LESSTHAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000	\$24,999		
HELD OR ACQUIRED BY	☑ FILER ☑ SPOUSE ☐ DEPE	ENDENT CHILD		
STREET ADDRESS  NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS	800 CHRISTUPHER ST. AUSTIN, TX, 78704, TRAVIS			
DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNT  I LOT  TRAVIS COUNTY	Y WHERE LOCATED		
NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)				
IF SOLD    NET GAIN   NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000-	−\$24,999 □ \$25,000OR MORE		
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSA			

www.ethics.state.tx.us Revised 10/27/2011

## INTERESTS IN REAL PROPERTY PART 7A NOTAPPLICABLE 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. FILER SPOUSE HELD OR ACQUIRED BY □ DEPENDENT CHILD \_\_\_ STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2 STREET ADDRESS ■ NOTAVAILABLE CHECK IF FILER'S HOME AOORESS NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 3 DESCRIPTION UNDIVIDED INTEREST IN LAND ACREAGE IN EGOR COUNTY, TEXAS, ON PROPERTY KNOWN AS PATLIFF LOTS ACRES RANCH AND OWNED BY PATLIFF RIKER LP, APTEOX. ZDOOD NAMES OF PERSONS **RETAINING AN INTEREST** NOT APPLICABLE (SEVERED MINERAL INTEREST) IF SOLD ■ NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000--\$9.999 ☐ \$10,000--\$24,999 ☐ \$25,000-OR MORE NET LOSS **▼** FILER SPOUSE HELD OR ACQUIRED BY DEPENDENT CHILD \_ STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE **STREET ADDRESS** NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED INTENE (T (MINERAL) IN LAND ACREAUT IN DESCRIPTION WINKLETT COUNTY, ATASCOSA COUNTY, AND LOUING LOTS CUBATY, TOXAS AND OWNED BY RATLIFF PILET LD ACRES APPROX. 5000 ACRES NAMES OF PERSONS **RETAINING AN INTEREST** NOTAPPLICABLE (SEVERED MINERAL INTEREST) IF SOLD NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE ■ NETLOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY PART 7A				
NOTAPPLICABLE				
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 PFSINSTRUCTION GUIDE.				
	a dependent child's activity, indicate the child about whom you are reporting he child is listed on the Cover Sheet.	by		
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
2 STREETADDRESS  NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE  1107 S. 327 ST. (DWNED BY MCCOTTAGE LLC)  AUSTIN, TX 78704, [RAVIS COUNTY			
DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1 LOT  TRAVIS COUNTY			
4 NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)	BANK OF AMERICA			
F SOLD  NET GAIN  NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000\$24,999 ☐ \$25,000-OR MOI	RE		
HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD			
STREETADDRESS  NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE HOP W. 145 ST. (OWNED BY WEST POURTEENTH AUSTIN, TX 78701, TRANS COUNTY	·ue		
DESCRIPTION  LOTS  ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1 LOT  TRAVIS COUNTY			
NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE (SEVERED MINERAL INTEREST)	CAPITAL ONE BANK			
IF SOLD  NET GAIN  NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000OR MO	₽RE		
COBY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY			

Revised 10/27/2011 www.ethics.state.tx.us

 □ NET GAIN ■ NET LOSS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE

INTERESTS IN BUSINESS ENTITIES PART / B				
NOTAPPLICABLE				
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.				
1 HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD			
<sup>2</sup> DESCRIPTION	NAME AND ADDRESS  (Check If Filer's Home Address)  CUMBERLAND FIFTH LLC  PO BOX 1427  AUSTIN, TX 78767			
3 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	FILER SPOUSE DEPENDENT CHILD			
DESCRIPTION	NAME AND ADDRESS  (Check If Filer's Home Address)  PEARL CAT LP  PO BOX 1427  AUSTIN, TX 78767			
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000~\$9,999 ☐ \$10,000—\$24,999 ☐ \$25,000OR MORE			
HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD			
DESCRIPTION	NAME AND ADDRESS  (Check It Filer's Home Address)  PEARL CAT MANA GEMENT LLC  PO. BOX 1427  AUSTIN, TX 78767			
IF SOLD  NET GAIN  NET LOSS	LESS THAN \$5,000 \$5,000~\$9,999 \$10,000-\$24,999 \$25,000OR MORE			
COPY A	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

P.O. Box 12070

## INTERESTS IN BUSINESS ENTITIES PART 7B NOTAPPLICABLE 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. SPOUSE HELD OR ACQUIRED BY FILER ☐ DEPENDENT CHILD \_\_\_\_\_ NAME AND ADDRESS DESCRIPTION (Check If Filer's Home Address) WEST FOURTEENTH LLL P.O. BOX 1427 AUST/N, Tx 78767 3 IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE ■ NET GAIN ■ NET LOSS FILER ☑ SPOUSE HELD OR ACQUIRED BY DEPENDENT CHILD \_\_\_\_\_ NAME AND ADDRESS (Check If Filer's Home Address) DESCRIPTION MCCOTTAGE LLC P.O. BOX 1427 AUSTIN, TX 78767 IF SOLD LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE ■ NET GAIN ☐ NET LOSS SPOUSE HELD OR ACQUIRED BY ☐ FILER DEPENDENT CHILD \_\_\_\_\_ NAME AND ADDRESS (Check If Filer's Home Address) DESCRIPTION HURT ASSET MANAGEMENT LLC 409 W. 14th ST. AUSTIN, TX 78701 IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE ■ NET GAIN ☐ NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/27/2011 www.ethics.state.tx.us

Texas Ethics Commission

INTERESTS IN BUSINESS ENTITIES PART 7				
NOTAPPLICABLE				
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.				
1 HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
DESCRIPTION	NAME AND ADDRESS  (Check If Filer's Home Address)  HURT FAMILY INVESTMENTS LP  409 W. 14th ST.  AUSTIN, Tx, 78701			
3 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	☐ FILER SPOUSE ☐ DEPENDENT CHILD			
DESCRIPTION	NAME AND ADDRESS  (Check If Filer's Home Address)  HURT PROPERTIES LP  409 W. 145 ST.  AUSTIN, TX 78701			
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	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
DESCRIPTION	NAME AND ADDRESS  (Check If Filer's Home Address)			
IF SOLD  NET GAIN  NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000OR MORE			
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY			

GIFTS	PART 8
NOTAPPLICABLE	

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

providing the number under which th	e chila is listea on th	e Cover Sheet.	
1 DONOR		NAME A	ND ADDRESS
<sup>2</sup> RECIPIENT	FILER	SPOUSE	DEPENDENT CHILD
DESCRIPTION OF GIFT			
DONOR		NAME A	ND ADDRESS
RECIPIENT	FILER	SPOUSE	DEPENDENT CHILD
DESCRIPTION OF GIFT			
DONOR		NAME A	ND ADDRESS
RECIPIENT	FILER	SPOUSE	DEPENDENT CHILD
DESCRIPTION OF GIFT			
COPY A	ND ATTACH ADD	ITIONAL PAGES A	S NECESSARY

# TRUSTINCOME PART 9 NOTAPPLICABLE 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. NAME OF TRUST SOURCE **BENEFICIARY** DEPENDENT CHILD \_\_\_\_\_ ☐ FILER SPOUSE INCOME ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000-OR MORE ASSETS FROM WHICH **OVER \$500 WAS RECEIVED** UNKNOWN NAME OF TRUST SOURCE **BENEFICIARY** FILER SPOUSE ☐ DEPENDENT CHILD \_\_\_\_\_ INCOME ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE ASSETS FROM WHICH **OVER \$500 WAS RECEIVED** UNKNOWN NAME OF TRUST SOURCE **BENEFICIARY** ☐ FILER SPOUSE ☐ DEPENDENT CHILD \_\_\_\_ INCOME ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000--OR MORE ASSETS FROM WHICH **OVER \$500 WAS RECEIVED** UNKNOWN COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission

BLIND TRUSTS PA			PART 10A
NOTAPPLICABLE			
Identify each blind trust that complice	es with section 572.023(	c) of the Governme	nt Code. See FORM PFSINSTRUCTION
When reporting information abou providing the number under which			e child about whom you are reporting by
1 NAME OF TRUST			
<sup>2</sup> TRUSTEE		NAME AN	D ADDRESS
3 BENEFICIARY	☐ FILER	SPOUSE	DEPENDENT CHILD
<sup>4</sup> FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
5 DATE CREATED			
NAME OF TRUST			
TRUSTEE	NAME AND ADDRESS		
BENEFICIARY	FILER	SPOUSE	DEPENDENT CHILD
FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999 \$25,000OR MORE
DATE CREATED			
NAME OF TRUST			
TRUSTEE		NAME AN	ID ADDRESS
BENEFICIARY	FILER	SPOUSE	DEPENDENT CHILD
FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999 \$25,000-OR MORE
DATE CREATED			
COBY A	ND ATTACH ADDITIO	NAI DAGES AS	NECESSARY

## TRUSTEE STATEMENT

PART 10B

	/	
$\mathbf{A}$	NOTAPPLICABL	Ę

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	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.
		Trustee Signature

#### § 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.

www.ethics.state.tx.us Revised 10/27/2011

NOTAPPLICABLE

# **ASSETS OF BUSINESS ASSOCIATIONS**

P.O. Box 12070

PART 11A

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 depen-
dent 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 PFSINSTRUCTION GUIDE.
When reporting information about a dependent child's geticity indicate the child about whem you are reporting by

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  (Check If Filer's Home Address)  CUMBERLAND FIFTH LLL  P.O. BOX 1427, AUSTIN, Tx 78767			
<sup>2</sup> BUSINESS TYPE	LLC, LIMITED LIABILITY	y corporation		
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY	☑ FILER ☑ SPOUSE	DEPENDENT CHILD ———		
4 ASSETS	DESCRIPTION	CATEGORY  LESS THAN \$5,000  \$5,000\$9,999		
	INVESTMENTS	S10,000-\$24,999		
		LESS THAN \$5,000 \$5,000-\$9,999  \$10,000\$24,999 \$25,000OR MORE		
		LESS THAN \$5,000  \$5,000-\$9,999  \$10,000-\$24,999  \$25,000OR MORE		
	, , , , ,	LESS THAN \$5,000 \$5,000\$9,999    \$10,000\$24,999 \$25,000OR MORE		
		LESS THAN \$5,000  \$5,000\$9,999  \$5,000\$9,999  \$5,000\$9,999  \$25,000OR MORE		
		LESS THAN \$5,000  \$5,000-\$9,999		
		LESS THAN \$5,000  \$5,000-\$9,999  \$10,000-\$24,999  \$25,000OR MORE		
	<u> </u>	LESS THAN \$5,000 \$5,000—\$9,999  \$10,000\$24,999 \$25,000OR MORE		
	COPY AND ATTACH ADDITIONAL PAGES	AS NECESSARY		

NOTAPPLICABLE

# **ASSETS OF BUSINESS ASSOCIATIONS**

P.O. Box 12070

PART 11A

corporation, professional a dent child held, acquired, o	ch corporation, firm, partnership, limited partnership, limited liability partnership, professional association, joint venture, or other business association in which you, your spouse, or a depender sold 50 percent or more of the outstanding ownership and indicate the category of the amount formation, see FORM PFSINSTRUCTION GUIDE.
	on about a dependent child's activity, indicate the child about whom you are reporting by a which the child is listed on the Cover Sheet.
<sup>1</sup> BUSINESS ASSOCIATION	PEARL CAT LP (Check If Filer's Home Address)  PO BOX 1427, AUSTIN, TX 78767
<sup>2</sup> BUSINESS TYPE	LP LIMITED PARTNER IHIP

	1	- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	10707	
<sup>2</sup> BUSINESS TYPE	LP LIMITED PARTNERIHIP			
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY	FILER	SPOUSE	☐ DEPENDENT	CHILD ———
4 ASSETS	/NVESTM6	SCRIPTION  TO THE SCRIPTION	CATE LESS THAN \$5,000 \$10,000\$24,999	\$5,000\$9,999  \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5.000-\$9,999
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

ASSETS OF BU	SINESS ASSOCIATIONS	PART 11A
NOTAPPLICABLE		
corporation, professional a dent child held, acquired, o of the assets. For more info	h corporation, firm, partnership, limited partners issociation, joint venture, or other business assort sold 50 percent or more of the outstanding own primation, see FORM PFSINSTRUCTION GUID on about a dependent child's activity, indicate	ciation in which you, your spouse, or a depenership and indicate the category of the amount DE.
	r which the child is listed on the Cover Sheet.	
BUSINESS ASSOCIATION	PEARL CAT MANAGEMEN	s Home Address)
<sup>2</sup> BUSINESS TYPE	P.O. BOX 1427, AUST, N, 7	
	LLC LIMITED LIABILITY	CORPORATION
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY	☑ FiLER ☑ SPOUSE	DEPENDENT CHILD
4 ASSETS	DESCRIPTION INVESTMENTS	CATEGORY  LESS THAN \$5,000  \$5,000\$9,999
		☐ \$10,000\$24,999 ☐ \$25,000OR MORE
	INTEREST IN PEARL CAT LP	☑ LESS THAN \$5,000 □ \$5,000\$9,999
	I CARL CA LI-	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
		☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999
		☐ \$10.000\$24,999 ☐ \$25.000OR MORE
		☐ LESS THAN \$5,000 ☐ \$5,000~\$9,999
		☐ \$10,000\$24,999 ☐ \$25,000OR MORE
		☐ LESS THAN \$5,000 ☐ \$5,000\$9,999
		☐ \$10,000\$24,999 ☐ \$25,000OR MORE
		LESS THAN \$5,000 S5,000-\$9,999
	ļ	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
		□   □   □   □   □   □   □   □   □   □
		LESS THAN \$5,000  \$5,000-\$9,999
		☐ \$10,000\$24,999 ☐ \$25,000OR MORE
		☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999
		□ \$10,000 \$24,000 □ \$25,000 OP MODE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY www.ethics.state.tx.us Revised 10/27/2011

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
ASSETS OF BU	SINESS ASS	SOCIATIONS		PART 11A
■ NOTAPPLICABLE				
corporation, professional a dent child held, acquired, o of the assets. For more inf	association, joint ver or sold 50 percent or formation, see FORM	partnership, limited partner nture, or other business asso more of the outstanding own I/PFSINSTRUCTION GUID	ociation in which you, you lership and indicate the c DE.	ir spouse, or a depen- ategory of the amount
providing the number under		ent child's activity, indicate isted on the Cover Sheet.	the child about whom	you are reporting by
BUSINESS ASSOCIATION	RATLIFF .	NAME AND (Check If File) RIKER LP 1427, AUST/N, TX	r's Home Address)	
<sup>2</sup> BUSINESS TYPE		IMITED PARTNER		
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY	<b>∀</b> FileR	SPOUSE	DEPENDENT (	CHILD ——
<sup>4</sup> ASSETS		DESCRIPTION	CATE	
	REAL ES	TATE (WEST TEXAS)	LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
	INVES	TMENTS		\$5,000 <b>~\$</b> 9,999
			\$10,000\$24,999	\$25,000-OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999
			\$10,000\$24,999	\$25,000-OR MORE
			 	\$5,000 <b>-</b> \$9,999
	,		\$10,000\$24,999	\$25,000OR MORE
			LESS THAN \$5,000	<b>55,000\$9,999</b>
			\$10,000\$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000 <b>-\$</b> 9,999
			 	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000 <b>-</b> \$9,999
			\$10,000-\$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999
			\$10,000\$24,999	\$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/27/2011

■ NOTAPPLICABLE

# **ASSETS OF BUSINESS ASSOCIATIONS**

PART 11A

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 depen-
dent 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 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.

<sup>1</sup> BUSINESS ASSOCIATION	POBOX 1427, AUSTIN, TX 78767			
<sup>2</sup> BUSINESS TYPE	LLC LIMITUD WARILITY CORP.			
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY	☑ FILER ☑ SPOUSE	DEPENDENT CHILD ———		
4 ASSETS	INVESTMENTS	CATEGORY  LESS THAN \$5,000 \$5,000-\$9,999  \$10,000-\$24,999 \$25,000-OR MORE		
	RATUFF RIKER LP (1% OWNERSHIP)	LESS THAN \$5,000 \$5,000-\$9,999  \$10,000-\$24,999 \$25,000-OR MORE		
		LESS THAN \$5,000 S5,000\$9,999  \$10,000-\$24,999 \$25,000OR 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		
		LESS THAN \$5,000 \$5,000-\$9,999  \$10,000-\$24,999 \$25,000-OR MORE		
		LESS THAN \$5,000  \$5,000\$9,999  \$10,000\$24,999  \$25,000OR MORE		
		LESS THAN \$5,000 \$5,000-\$9,999  \$10,000-\$24,999 \$25,000-OR MORE		
	COPY AND ATTACH ADDITIONAL PAGES	AS NECESSARY		

Revised 10/27/2011 www.ethics.state.tx.us

#### (TDD 1-800-735-2989) Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 PART 11A ASSETS OF BUSINESS ASSOCIATIONS 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. NAME AND ADDRESS **BUSINESS** (Check If Filer's Home Address) ASSOCIATION HURT PARTNERS ARCHITECTS, INC. 409 W. 14th ST., AUSTIN, TX 7870/ ARCHITECTURAL SERVICES FIRM, CORPORATION <sup>2</sup> BUSINESS TYPE <sup>3</sup> HELD, ACQUIRED, SPOUSE FILER DEPENDENT CHILD -OR SOLD BY DESCRIPTION CATEGORY **ASSETS** \$5,000--\$9,999 LESS THAN \$5,000 EQUIPMENT ☐ \$25,000--OR MORE \$10,000--\$24,999 \$5,000--\$9,999 LESS THAN \$5,000 FURNITURE \$10,000--\$24,999 ☐ \$25,000--OR MORE LESS THAN \$5,000 \$5,000-\$9,999 FURNISHINGS 10,000--\$24,999 ☐ \$25,000--OR MORE ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 SOFTWARE \$10,000--\$24,999 ☐ \$25,000--OR MORE CASH ☐ LESS THAN \$5.000 ★\$5.000--\$9,999 10,000--\$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

www.ethics.state.tx.us Revised 10/27/2011

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

\$10,000--\$24,999

\$10,000--\$24,999

☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999

\$25,000--OR MORE

\$25,000--OR MORE

ASSETS OF BU	SINESS ASSOCIATIONS	PART <b>11A</b>		
NOTAPPLICABLE				
corporation, professional a dent child held, acquired, o	ch corporation, firm, partnership, limited partner association, joint venture, or other business asso or sold 50 percent or more of the outstanding own ormation, see FORM PFSINSTRUCTION GUID	ociation in which you, your spouse, or a depen- nership and indicate the category of the amount		
	on about a dependent child's activity, indicate er which the child is listed on the Cover Sheet.	the child about whom you are reporting by		
<sup>1</sup> BUSINESS ASSOCIATION	HURT ASSET MANAGEMENT LLC  409 W. 14th ST., AUSTIN, TX 78701			
<sup>2</sup> BUSINESS TYPE	LLC Limited Limbility COR			
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY	☐ FILER ☐ SPOUSE	DEPENDENT CHILD		
4 ASSETS	DESCRIPTION  /NUESTMONTS	CATEGORY  LESS THAN \$5,000  \$5,000\$9,999  \$10,000\$24,999  \$25,000OR MORE		
	,	LESS THAN \$5,000  \$5,000\$9,999  \$10,000\$24,999  \$25,000OR MORE		
		LESS THAN \$5,000 \$5,000-\$9,999		
		LESS THAN \$5,000 S5,000-\$9,999  \$10,000-\$24,999 S25,000-OR MORE		
		LESS THAN \$5,000 S5,000-\$9,999  \$10,000\$24,999 \$25,000OR MORE		
		LESS THAN \$5,000 \$5,000\$9,999    \$10,000\$24,999 \$25,000OR MORE		
	, ,	LESS THAN \$5,000  \$5,000\$9,999  \$10,000\$24,999  \$25,000OR MORE		
		LESS THAN \$5,000 \$5,000-\$9,999  \$10,000-\$24,999 \$25,000-OR MORE		
(	COPY AND ATTACH ADDITIONAL PAGES	AS NECESSARY		

www.ethics.state.tx.us Revised 10/27/2011

### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) PART 11A ASSETS OF BUSINESS ASSOCIATIONS 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. NAME AND ADDRESS **BUSINESS** (Check If Filer's Home Address) HURT FAMILY INVESTMENTS LP **ASSOCIATION** 409 W. 14 5T., AUSTIN, TX 78701 <sup>2</sup> BUSINESS TYPE LP LIMITED PARTNERSIMP 3 HELD, ACQUIRED, SPOUSE ☐ FILER ☐ DEPENDENT CHILD -OR SOLD BY DESCRIPTION CATEGORY **ASSETS** ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 INVESTMENTS \$25,000--OR MORE \$10,000--\$24,999 ☐ LESS THAN \$5,000 ☐ \$5,000~\$9,999 \$10,000--\$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 \$10,000--\$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 **\$10,000-\$24,999** ☐ \$25,000-OR MORE ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 \$10,000--\$24,999 ■ \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999

☐ \$25,000--OR MORE

\$10,000--\$24,999

Revised 10/27/2011 www.ethics.state.tx.us

iexas Etnics Commission	P.O. BOX 12070	Austin, It	exas 78711-2070	(512)463-5600	(100 1-800-735-2989)
ASSETS OF BU	SINESS AS	SOCIAT	IONS		PART 11A
NOTAPPLICABLE					
Describe all assets of eac corporation, professional a dent child held, acquired, o of the assets. For more info When reporting information	association, joint vor sold 50 percent ormation, see FOI on about a depe	venture, or othe or more of the o RM PFSINST ndent child's a	er business asso butstanding owr RUCTION GUI activity, indicate	ociation in which you, you nership and indicate the c DE.	ur spouse, or a depen- ategory of the amount
<sup>1</sup> BUSINESS ASSOCIATION	MCLOTTA P.O. Box AUSTIN		NAME AND Check If File	ADDRESS of's Home Address)	
<sup>2</sup> BUSINESS TYPE	LLC	LIMITED	UMBITY	CORPURATION	
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY	FILER		SPOUSE	DEPENDENT	CHILD ———
4 ASSETS		DESCRIPTION		CATE	_
	REALE	ESTATE - I	ZENT HOUSE	LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
				LESS THAN \$5,000	\$5,000\$9,999
				\$10,000\$24,999	\$25,000OR MORE
				LESS THAN \$5,000	\$5,000-\$9,999
				\$10,000\$24,999	☐ \$25,000OR MORE
					\$5,000\$9,999
				\$10,000\$24,999	\$25,000OR MORE
				LESS THAN \$5,000	\$5,000\$9,999
	. , ,			\$10,000\$24,999	\$25,000OR MORE
				LESS THAN \$5,000	\$5,000\$9,999
				\$10,000\$24,999	\$25,000OR MORE
				LESS THAN \$5,000	\$5,000-\$9,999
				\$10,000\$24,999	\$25,000OR MORE
÷				LESS THAN \$5,000	\$5.000-\$9,999
				\$10,000\$24,999	☐ \$25,000–OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY Revised 10/27/2011 www.ethics.state.tx.us

NOTAPPLICABLE

# **ASSETS OF BUSINESS ASSOCIATIONS**

P.O. Box 12070

of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

PART 11A

Describe all assets of e	each corporation, firm, partnersh	nip, limited partnership,	, limited liability p	artnership, professional
corporation, professiona	al association, joint venture, or o	ther business associati	on in which you, y	our spouse, or a depen-

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.

dent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount

<sup>1</sup> BUSINESS ASSOCIATION	HVRT PROPERTIES LP (Check It Filer's Home Address)  409 W. 142 ST., AUST/N, TX			
<sup>2</sup> BUSINESS TYPE	LP Limit	ED Partnership	•	
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY	☐ FILER	SPOUSE	DEPENDENT C	CHILD
4 ASSETS		CRIPTION ATE, WEST	CATEC LESS THAN \$5,000	SORY  \$5,000\$9,999  \$25,000OR MORE
	. ,		LESS THAN \$5,000	\$5,000\$9,999  \$25,000OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999  \$25,000OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999  \$25,000-OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999  \$25,000-OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999  \$25,000OR MORE
			LESS THAN \$5,000	☐ \$5,000-\$9,999 ☐ \$25,000-OR MORE

Revised 10/27/2011 www.ethics.state.tx.us

## Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 ASSETS OF BUSINESS ASSOCIATIONS PART 11A 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. NAME AND ADDRESS BUSINESS WEST FOURTEENTH (Check If Filer's Home Address) P.O.BOX 1427 LLC ASSOCIATION AUSTIN, TX 78767 LLC LIMITED LIABILITY <sup>2</sup> BUSINESS TYPE CORPORATION 3 HELD, ACQUIRED, FILER SPOUSE DEPENDENT CHILD -OR SOLD BY CATEGORY DESCRIPTION **ASSETS** LESS THAN \$5,000 \$5,000--\$9,999 REAL ESTATE \$25,000--OR MORE \$10,000-\$24,999 ☐ LESS THAN \$5,000 ☐ \$5,000~\$9,999 \$10,000-\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 ☐ \$25,000--OR MORE \$5,000-\$9,999 LESS THAN \$5,000 \$10,000--\$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 \$10,000--\$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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

www.ethics.state.tx.us

\$10,000--\$24,999

\$25,000--OR MORE

Revised 10/27/2011

LIABILITIES OF	BUSINESS ASSOCIA	ATIONS		PART 11B
NOTAPPLICABLE				
corporation, professional a dent child held, acquired, o	nch corporation, firm, partnership, essociation, joint venture, or other or sold 50 percent or more of the ou cormation, see FORM PFS—INSTR	business associtstanding owne	ciation in which you, you ership and indicate the c	or spouse, or a depen-
	on about a dependent child's ac or which the child is listed on the C		the child about whom	you are reporting by
<sup>1</sup> BUSINESS ASSOCIATION	NAME AND ADDRESS  (Check If Filer's Home Address)  WEST FOURTEENTH LLC  P.O. Box 1427, AUSTIN, TX 78767			
<sup>2</sup> BUSINESS TYPE	LLC Limiter Ci			
3 HELD, ACQUIRED, OR SOLD BY		SPOUSE	DEPENDENT	CHILD ———
4 LIABILITIES	DESCRIPTION  REAL ESTATE M	ORTOMBE	CATEC LESS THAN \$5,000	\$5,000\$9,999
			LESS THAN \$5,000	\$5,000\$9,999  \$25,000OR MORE
			LESS THAN \$5,000 \$10,000-\$24,999	\$5,000\$9,999  \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9.999  \$25,000-OR MORE
			LESS THAN \$5,000	\$5,000\$9,999
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
		   	LESS THAN \$5,000	\$5,000\$9,999 \$25,000-OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999 \$25,000-OR MORE
	COPY AND ATTACH ADDITIO	NAL DAGES	AS NECESSARY	

www.ethics.state.tx.us Revised 10/27/2011

LIABILITIES OF	BUSINESS A	SSOCIATIONS		PART 11B
NOTAPPLICABLE				
Describe all liabilities of eacorporation, professional adent child held, acquired, cof the assets. For more info	association, joint ventu or sold 50 percent or m	ure, or other business ass nore of the outstanding ow	sociation in which you, you mership and indicate the ca	ir spouse, or a depen-
When reporting information providing the number under			e the child about whom	you are reporting by
<sup>1</sup> BUSINESS ASSOCIATION	Mc COTTAG	E LLL Check If Fil	D ADDRESS ler's Home Address)	
2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		1427, AUSTIN,		
<sup>2</sup> BUSINESS TYPE	LLC Un	TITED WABILITY	CORP.	
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY	FILER	SPOUSE	DEPENDENT C	CHILD ——
4 LIABILITIES	DE	SCRIPTION	CATEG	
	REAL ESTA	TE MORTCAGE	LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
			10,000924,333	,
			LESS THAN \$5,000	\$5,000\$9,999
			\$10,000-\$24,999	\$25,000-OR MORE
			 	\$5,000\$9,999
			<b>\$10,000\$24,999</b>	\$25,000-OR MORE
			│ │	\$5,000\$9,999
			\$10,000 <b>-\$24,999</b>	☐ \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999
			\$10,000 <b>\$</b> 24,999	☐ \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999
			l │ □ \$10,000\$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999
			\$10,000-\$24,999	\$25,000-OR MORE
				□ #5 000 #0 000
			LESS THAN \$5,000	\$5,000\$9,999
			\$10,000\$24,999	\$25,000-OR MORE
(	COPY AND ATTACI	H ADDITIONAL PAGES	S AS NECESSARY	

www.ethics.state.lx.us Revised 10/27/2011

#### (TDD 1-800-735-2989) Texas Ethics Commission Austin, Texas 78711-2070 (512) 463-5800 P.O. Box 12070 **BOARDS AND EXECUTIVE POSITIONS** PART 12 NOTAPPLICABLE 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. **ORGANIZATION** MCCOTTAGE LLC **POSITION HELD** MANAGER SPOUSE POSITION HELD BY FILER DEPENDENT CHILD \_\_\_\_\_ **ORGANIZATION** MCLOTTAGE LLC POSITION HELD MANAGER FILER POSITION HELD BY SPOUSE ☐ DEPENDENT CHILD \_\_\_\_ **ORGANIZATION** COMBERLAND FIFTH LLL **POSITION HELD** MANAGER Filer. POSITION HELD BY ☐ SPOUSE DEPENDENT CHILD \_\_\_\_\_ **ORGANIZATION** CUMBERLAND FIFTH LLL MANAGER POSITION HELD SPOUSE POSITION HELD BY FILER ☐ DEPENDENT CHILD \_\_\_\_\_ CUMBERLAND FIFTH MANAGEMENT LLC **ORGANIZATION POSITION HELD** MANYGER

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

SPOUSE

DEPENDENT CHILD \_\_\_\_\_

FILER

POSITION HELD BY

www.ethics.state.tx.us Revised 10/27/2011

Texas Ethics Commission

■ NOTAPPLICABLE

# **BOARDS AND EXECUTIVE POSITIONS**

PART 12

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 partner-
ships, 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 PFSINSTRUCTION GUIDE.

Austin, Texas 78711-2070

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	COMBERLAND PIFTH MANAGEMENT LLC			
POSITION HELD	MAWAGER			
<sup>3</sup> POSITION HELD BY	☐ FILER SPOUSE ☐ DEPENDENT CHILD			
ORGANIZATION	PEARL CAT LP			
POSITION HELD	PARTNER			
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
ORGANIZATION	PEARL CAT LP			
POSITION HELD	PARINER			
POSITION HELD BY	☐ FILER SPOUSE ☐ DEPENDENT CHILD			
ORGANIZATION	PEARL LAT MANAGEMENT LLL			
POSITION HELD	MANAGER			
POSITION HELD BY	FILER SPOUSE DEPENDENT CHILD			
ORGANIZATION	PEARL CAT MANAGEMET LLC			
POSITION HELD	MAWAGER			
POSITION HELD BY	☐ FILER			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

■ NOTAPPLICABLE

### **BOARDS AND EXECUTIVE POSITIONS**

**PART 12** 

List all boards of directors of which you, your spouse, or a dependent child are a member and all execut	ive positions you,
your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limite	d liability partner-
ships, professional corporations, professional associations, joint ventures, other business associations, of	or proprietorships,
stating the name of the organization and the position held. For more information, see FORM PFSINSTF	LUCTION 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	WEST FO	DURTEENTH LL	
POSITION HELD	manto	tn_	
<sup>3</sup> POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION	WEST FO	OURTEENTH LL	. L
POSITION HELD	MANACE	:V_	
POSITION HELD BY	Filer	<b>∑</b> spouse	DEPENDENT CHILD
ORGANIZATION	HURT PA	MINER ARCH	17EC7S, INGURPORATED
POSITION HELD	PRESID	ENT	
POSITION HELD BY	FILER	☑ spouse	DEPENDENT CHILD
ORGANIZATION	ItUR7 AS	SET MANAGE	MENT LLL
POSITION HELD	MANAGO	en_	
POSITION HELD BY	☐ FILER	☑ SPOUSE	DEPENDENT CHILD
ORGANIZATION	HURT F	AMILY INVEST	MENTS LP
POSITION HELD	PARTNE	ir.	
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
0	OPY AND ATTAC	H ADDITIONAL PAGES	AS NECESSARY

■ NOTAPPLICABLE

#### **BOARDS AND EXECUTIVE POSITIONS**

P.O. Box 12070

**PART 12** 

all boards of directors of which	you, your spouse, or a dep	endent child are a	member and all ex	xecutive positions yo
أالدائمام فمولي وموام موم وموروب	L-1-1:	حجنا ممنطوبوملامم	المحاطية والمحاطية	مصاحبت بالألفاجيل المحالفين

List a οu, 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	RATLIFI	F RIKER LP		
POSITION HELD	PARTN	EN2		
<sup>3</sup> POSITION HELD BY	<b>▼</b> FILER	☐ SPOUSE	DEPENDENT CHILD	
ORGANIZATION	PATUF	FRILLER LP		
POSITION HELD	PARTNE	n_		
POSITION HELD BY	☐ FILER	<b>∑</b> spouse	DEPENDENT CHILD	
ORGANIZATION	PATUPF	FRILER MAI	NASEMENT LL L	
POSITION HELD	MANYO	<del>u</del> n		
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	PATUFF	KIKER MANAC	tmtN7 LLL	
POSITION HELD	MANAG	En		
POSITION HELD BY	☐ FILER	<b>∏</b> &Fouse	DEPENDENT CHILD	
ORGANIZATION	Boulo	IN CREEK COMP	WNITY DEVELOPMENT CORP.	
POSITION HELD	DIREC	TOR /AGENT		
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

P.O. Box 12070

BOARDS AND E	XECUTIVE POS	ITIONS	PART 12
NOTAPPLICABLE			
your spouse, or a depende ships, professional corpora	nt child hold in corporation tions, professional associat	s, firms, partnerships, limit ions, joint ventures, other b	member and all executive positions you, ed partnerships, limited liability partner- usiness associations, or proprietorships, ee FORM PFSINSTRUCTION GUIDE.
When reporting information providing the number unde			hild about whom you are reporting by
1 ORGANIZATION	DREAM COM	E TIME FOUN	DATION
POSITION HELD	DIRECTOR	(resigned	3/2011)
<sup>3</sup> POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION	-		
POSITION HELD			
POSITION HELD BY	☐ FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION			
POSITION HELD		_	
POSITION HELD BY	☐ FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD

Revised 10/27/2011 www.ethics.state.tx.us

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

**PART 13** 

(TDD 1-800-735-2989)

	NOTAPPLICABLE
-	140 1 ALL FIGABLE

Texas Ethics Commission

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.

1 PROVIDER	NAME AND ADDRESS
	·
<sup>2</sup> AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
	NAME AND ADDRESS
PROVIDER	
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
CODY A	ND ATTACH ADDITIONAL BACES AS NECESSARY
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

www.ethics.state.tx.us Revised 10/27/2011

## Texas Ethics Commission (512) 463-5800 (TDD 1-800-735-2989) P.O. Box 12070 Austin, Texas 78711-2070 INTEREST IN BUSINESS IN COMMON WITH LOBBYIST **PART 14** NOTAPPLICABLE 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. NAME AND ADDRESS **BUSINESS ENTITY** INTEREST HELD BY FILER ☐ SPOUSE DEPENDENT CHILD \_\_\_\_\_ NAME AND ADDRESS **BUSINESS ENTITY** INTEREST HELD BY FILER ☐ SPOUSE DEPENDENT CHILD \_\_\_\_\_ NAME AND ADDRESS **BUSINESS ENTITY** INTEREST HELD BY FILER ☐ SPOUSE DEPENDENT CHILD \_\_\_\_\_ NAME AND ADDRESS **BUSINESS ENTITY** INTEREST HELD BY ☐ SPOUSE FILER DEPENDENT CHILD \_\_\_\_\_ NAME AND ADDRESS **BUSINESS ENTITY** INTEREST HELD BY ☐ FILER ☐ SPOUSE DEPENDENT CHILD \_\_\_\_\_

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

P.O. Box 12070

TO A LOBBYIST OR L				PART 15	
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 PFSINSTRUCTION GUIDE.					
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY	LESS THAN \$5,000	<b>\$5,000-\$9,999</b>	\$10,000 <b>\$24</b> ,999	\$25,000-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	<b>\$5,000\$9,999</b>	\$10,000\$24,999	\$25.000-OR MORE	
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	☐ \$25,000-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	\$10,000\$24,999	\$25,000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

### REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

**PART 16** 

	,	
V	NOTAPPLICABLE	

Texas Ethics Commission

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.

1 STATE AGENCY						
PERSON REPRESENTED						
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000-OR MORE		
STATE AGENCY						
PERSON REPRESENTED						
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9.999	\$10,000 <b>-\$</b> 24,999	\$25,000OR MORE		
STATE AGENCY				1000		
PERSON REPRESENTED	=					
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000OR MORE		
STATE AGENCY						
PERSON REPRESENTED				_		
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	☐ \$25,000~OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

### BENEFITS DERIVED FROM FUNCTIONS HONORING **PUBLIC SERVANT**

P.O. Box 12070

PART 17

	/
V	NOTAPPLICABLE
	THO I ALL LIONDER

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.

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	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY
· · · · · · · · · · · · · · · · · · ·	JULI AND ALIAUN ADDITIONAL PAGES AS NECESSARI

P.O. Box 12070

LEGISLATIVE CONTI	NUANCES		PART 18	<b>;</b>	
	nother law or rule	that requires or permits	er section 30.003 of the Civil Practice a court to grant continuances on the islature.		
NAME OF PARTY REPRESENTED			-		
DATE RETAINED					
3 STYLE, CAUSE NUMBER, COURT & JURISDICTION					
DATE OF CONTINUANCE APPLICATION					
5 WAS CONTINUANCE GRANTED?	☐ YES	□ NO			
NAME OF PARTY REPRESENTED					
DATE RETAINED					
STYLE, CAUSE NUMBER, COURT, & JURISDICTION					
DATE OF CONTINUANCE APPLICATION					
WAS CONTINUANCE GRANTED?	☐ YES	□ NO			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

#### PERSONAL FINANCIAL STATEMENT AFFIDAVIT

P.O. Box 12070

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.

(512) 463-5800

Kathripe B. Jovo

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said KAHATUNE B TOTO, this the 30th day of \_\_\_\_\_, 20 1 \_\_\_\_\_, to certify which, witness my hand and seal of office.

oath Print name of officer administering oath Title of officer