PERSON	AL FINANCIAL STATEMENT		FORM PFS OVER SHEET PAGE 1				
	Filed in accordance with chapter 572 of the Government Code.		GES FILED:				
For filings requ Use FOR	uired in 2013, covering calendar year ending December 31, 2012. RM PFS—INSTRUCTION GUIDE when completing this form.	ACCOUNT #	AU 2013				
1 NAME	TITLE; FIRST; M	OFFICE	CISE ON V				
	Kathryne B.	Onto Received	RECEI				
	Tovo		-ე ≰-				
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	809 W. 32nd Street		12 כ				
	Austin, Tx 78705		<u></u>				
	(Receipt #					
	(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount				
3 TELEPHONE	AREA CODE PHONE NUMBER; EXTENSION	Date Processed					
NUMBER	(512) 565-5361	Date Imaged					
4 REASON FOR FILING	☐ CANDIDATE		(INDICATE OFFICE)				
STATEMENT							
	ELECTED OFFICER Austin City Council, Place 3 (INDICATE OFFICE)						
	APPOINTED OFFICER		(INDICATE AGENCY)				
	EXECUTIVE HEAD		(INDICATE AGENCY)				
	☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT						
	☐ STATE PARTY CHAIR		(INOICATE PARTY)				
	OTHER		(INDICATE POSITION)				
5 Family members who	tose financial activity you are reporting (see instructions).						
SPOUSE	Tom Hamilton Hurt						
DEPENDENT C	Ella HuiJiao Tovo-Hurt						
	Lori QiuLi Tovo-Hurt						
	3						
In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).							
	COPY AND ATTACH ADDITIONAL PAGES AS NE	ECESSARY					

PERSONAL FINANCIAL STATEMENT

P.O. Box 12070

COVER SHEET PAGE 2

On this page, indicate which parts of Form PFS are not applicable to you. If you place a check in the box next to a Part below, then no pages for that Part should be included in the report. If you do not place a check in the box, then pages for that Part must be included in the report.

6	PARTS NOT APPLICABLE TO FILER
	□ N/A Part 1A - Sources of Occupational Income
	🕅 N/A Part 1B - Retainers
	□ N/A Part 2 - Stock
	□ N/A Part 3 - Bonds, Notes & Other Commercial Paper
	□ N/A Part 4 - Mutual Funds
	□ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
	□ N/A Part 6 - Personal Notes and Lease Agreements
	□ N/A Part 7A - Interests in Real Property
	□ N/A Part 7B - Interests in Business Entities
	X N/A Part 8 - Gifts
	X N/A Part 9 - Trust Income
	🕅 N/A Part 10A - Blind Trusts
	XI N/A Part 10B - Trustee Statement
	□ N/A Part 11A - Assets of Business Associations
	□ N/A Part 11B - Liabilities of Business Associations
	☐ N/A Part 12 - Boards and Executive Positions
	N/A Part 13 - Expenses Accepted Under Honorarium Exception
	X N/A Part 14 - Interest in Business in Common with Lobbyist
	N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
	X N/A Part 16 - Representation by Legislator Before State Agency
	X N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
	N/A Part 18 - Legislative Continuances

SOURCES OF OCCUPATIONAL INCOME PART 1A If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet. 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. INFORMATION RELATES TO FILER ☐ SPOUSE DEPENDENT CHILD ____ NAME AND ADDRESS OF EMPLOYER / POSITION HELD **EMPLOYMENT** (Check If Filer's Home Address) City of Austin, Austin City Hall X EMPLOYED BY ANOTHER 301 W. 2nd Street Austin, Tx 78701 NATURE OF OCCUPATION SELF-EMPLOYED Austin City Council Member, Place 3 INFORMATION RELATES TO ☐ FILER SPOUSE DEPENDENT CHILD _ NAME AND ADDRESS OF EMPLOYER / POSITION HELD **EMPLOYMENT** (Check if Filer's Home Address) Tom Hurt Architecture, Inc. **EMPLOYED BY ANOTHER** (formerly Hurt Partners Architects, Inc.) 409 W. 14th Street Austin, Tx 78701 NATURE OF OCCUPATION SELF-EMPLOYED Architect (Texas Registration) (Employed by company owned by self) INFORMATION RELATES TO DEPENDENT CHILD _ ☐ FILER SPOUSE NAME AND ADDRESS OF EMPLOYER / POSITION HELD **EMPLOYMENT** (Check If Filer's Home Address) **Hurt Asset Management LLC** EMPLOYED BY ANOTHER 409 W 14th Street Austin, Tx 78701 NATURE OF OCCUPATION SELF-EMPLOYED (Employed by company owed partially by self) COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethlcs Commission P.O. Box 12070 Austin, Texas 78711-2070 (TDD 1-800-735-2989) STOCK PART 2 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet. 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 sele. 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 NAME Manulife Financial Co. ² STOCK HELD OR ACQUIRED BY FILER SPOUSE. DEPENDENT CHILD . 3 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 MORE 4 IF SOLD ☐ NET GAIN \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5,000 ☐ NET LOSS **BUSINESS ENTITY** News Corporation STOCK HELD OR ACQUIRED BY X SPOUSE DEPENDENT CHILD ☐ FILER X 100 TO 499 ☐ 500 TO 999 1.000 TO 4.999 NUMBER OF SHARES LESS THAN 100 5.000 TO 9.999 ☐ 10,000 OR MORE IF SOLD ☐ NET GAIN \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5,000 ☐ NET LOSS **BUSINESS ENTITY** NAME Introgen STOCK HELD OR ACQUIRED BY SPOUSE DEPENDENT CHILD . X FILER X LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 NUMBER OF SHARES ☐ 10,000 OR MORE 5,000 TO 9,999 IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE NET LOSS **BUSINESS ENTITY** MainStay VP Convert (New York Life Variable Annuity) X SPOUSE STOCK HELD OR ACQUIRED BY FILER ☐ DEPENDENT CHILD ☐ 500 TO 999 1,000 TO 4,999 NUMBER OF SHARES K LESS THAN 100 ☐ 100 TO 499 5,000 TO 9,999 ■ 10,000 OR MORE IF SOLD ☐ NET GAIN □ \$5,000--\$9,999 □ \$10,000-\$24,999 □ \$25,000-OR MORE LESS THAN \$5,000 NET LOSS **BUSINESS ENTITY** VP Large Cap Growth (New York Life Variable Annuity) STOCK HELD OR ACQUIRED BY XSPOUSE DEPENDENT CHILD FILER ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 100 TO 499 LESS THAN 100 NUMBER OF SHARES ☐ 10,000 OR MORE ☐ 5,000 TO 9,999 IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE

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☐ NET LOSS

STOCK PART 2 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet. 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 NAME Fidelity Contrafund (New York Life Variable Annuity) 2 STOCK HELD OR ACQUIRED BY FILER X SPOUSE ☐ DEPENDENT CHILD X 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 3 NUMBER OF SHARES LESS THAN 100 5,000 TO 9,999 ■ 10,000 OR MORE 4 IF SOLD ☐ NET GAIN \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5,000 ☐ NET LOSS **BUSINESS ENTITY** ICAP Select Equity (New York Life Variable Annuity) STOCK HELD OR ACQUIRED BY FILER SPOUSE ☐ DEPENDENT CHILD NUMBER OF SHARES X 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 LESS THAN 100 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 BUSINESS ENTITY VP T. Rowe Price Equity Inc. (New York Life Variable Annuity) X SPOUSE STOCK HELD OR ACQUIRED BY ☐ DEPENDENT CHILDSPOUSE FILER X 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 100 NUMBER OF SHARES 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 **BUSINESS ENTITY** STOCK HELD OR ACQUIRED BY FILER SPOUSE DEPENDENT CHILD . 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 NUMBER OF SHARES LESS THAN 100 ☐ 10,000 OR MORE 5,000 TO 9,999 IF SOLD NET GAIN \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5,000 ☐ NET LOSS **BUSINESS ENTITY** NAME STOCK HELD OR ACQUIRED BY FILER ☐ SPOUSE ☐ DEPENDENT CHILD ☐ 500 TO 999 1,000 TO 4,999 ☐ 100 TO 499 NUMBER OF SHARES LESS THAN 100 ☐ 10,000 OR MORE 5,000 TO 9,999 IF SOLD NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

information, see FORM PFS-INSTRUCTION GUIDE.

BONDS, NOTES & OTHER COMMERCIAL PAPER

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

PART 3

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

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by

providing the flumber under which the child is listed on the Cover Sheet.					
DESCRIPTION OF INSTRUMENT	Mainstay VP Bond (New York Life Variable Annuity)				
² HELD OR ACQUIRED BY	☐ FILER	X SPOUSE	DEPENDENT CHILD		
IF SOLD INET GAIN NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999 \$25,000-OR MORE		
DESCRIPTION OF INSTRUMENT	CD, University Federal Credit Union Early Saver Certificate				
HELD OR ACQUIRED BY	FILER	SPOUSE	I DEPENDENT CHILD 1		
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000_\$9,999	\$10,000-\$24,999 \$25,000-OR MORE		
DESCRIPTION OF INSTRUMENT	1	•	onds invested through ment account (403B), Pension Plan		
HELD OR ACQUIRED BY	K FILER	☐ SPOUS€	DEPENDENT CHILD		
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999 \$25,000-OR MORE		
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BONDS, NOTES & OTHER COMMERCIAL PAPER

PART 3

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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.

1 DESCRIPTION OF INSTRUMENT	Mainstay VP High Yield Bond (New York Life Variable Annuity)			
² HELD OR ACQUIRED BY	FILER	☑ spouse	DEPENDENT CHILD	
IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000	55,000-\$9,999	\$10,000-\$24,999 \$25,000-OR MORE	
DESCRIPTION OF INSTRUMENT	CD, University Federal Credit Union Tiered Rate Saving Certificate			
HELD OR ACQUIRED BY	FILER	SPOUSE	T DEPENDENT CHILD 2	
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999 \$25,000-OR MORE	
DESCRIPTION OF INSTRUMENT	_			
HELD OR ACQUIRED BY	☐ FILER	SPOUSE	DEPENDENT CHILD	
IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999 \$25,000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) **MUTUAL FUNDS** PART 4 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet. 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 Valic Stock Index Fund, Mid-Cap, Small-Cap Global Funds 2 SHARES OF MUTUAL FUND **▼** FILER ☐ SPOUSE ☐ DEPENDENT CHILD ___ HELD OR ACQUIRED BY 3 NUMBER OF SHARES ₩ 500 TO 999 1,000 TO 4,999 ☐ 100 TO 499 LESS THAN 100 OF MUTUAL FUND 5,000 TO 9,999 ☐ 10,000 OR MORE 4 IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$6,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE NET LOSS MUTUAL FUND Vanguard Stock Index Fund, Mid-Cap, Small-Cap, Global Funds SHARES OF MUTUAL FUND X FILER SPOUSE DEPENDENT CHILD ___ HELD OR ACQUIRED BY NUMBER OF SHARES X 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 LESS THAN 100 OF MUTUAL FUND 10,000 OR MORE 5,000 TO 9,999 IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE ☐ NET LOSS MUTUAL FUND Templeton Global Bond Fund (Merrill Lynch) SHARES OF MUTUAL FUND K SPOUSE ☐ FILER DEPENDENT CHILD ___ HELD OR ACQUIRED BY NUMBER OF SHARES ☐ 500 TO 999 X 1,000 TO 4,999 ☐ 100 TO 499 LESS THAN 100 OF MUTUAL FUND ☐ 10,000 OR MORE 5,000 TO 9,999

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

☐ NET GAIN

☐ NET LOSS

IF SOLD

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) MUTUAL FUNDS PART 4 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet. 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. MAME 1 MUTUAL FUND First Eagle Global Class I Mutual Fund (Merrill Lynch) 2 SHARES OF MUTUAL FUND. FILER SPOUSE DEPENDENT CHILD ____ 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 ☐ 10,000 OR MORE 5,000 TO 9,999 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 ETFS Silver Trust (Merrill Lynch) SHARES OF MUTUAL FUND FILER X SPOUSE DEPENDENT CHILD _____ HELD OR ACQUIRED BY NUMBER OF SHARES ☐ 500 TO 999 1.000 TO 4,999 X 100 TO 499 LESS THAN 100 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** Pimco Emerging Local Mutual Fund (Merrill Lynch) SHARES OF MUTUAL FUND SPOUSE FILER DEPENDENT CHILD ___ HELD OR ACQUIRED BY NUMBER OF SHARES X 100 TO 499 500 TO 999 1,000 TO 4,999 LESS THAN 100 OF MUTUAL FUND

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☐ 10,000 OR MORE

LESS THAN \$5,000 S5,000-\$9,999 S10,000-\$24,999 \$25,000-OR MORE

5,000 TO 9,999

IF SOLD

NET GAIN

☐ NET LOSS

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

P.O. Box 12070

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

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by

providing the number under which the child is listed on the Cover Sheet.					
1 MUTUAL FUND	Nuveen Energy MLP Total Return Fund (Merrill Lynch)				
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHI	LD	
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☒ 100 TO 499	☐ 500 TO 999	1,000 TO 4,999	
	☐ 5,000 TO 9,999	☐ 10,000 OR MOR	E		
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
MUTUAL FUND		NA	ME		
	Market Vectors	Rare Earth Str	ategic Fund (Me	errill Lynch)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER	X SPOUSE	DEPENDENT CHI	го	
NUMBER OF SHARES OF MUTUAL FUND	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	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000—\$24,999	======================================	
MUTUAL FUND	Market Vectors	JR Gold ETF			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	X SPOUSE	DEPENDENT CHI	LD	
NUMBER OF SHARES OF MUTUAL FUND	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	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Austin, Texas 78711-2070 (TDD 1-800-735-2989) Texas Ethics Commission P.O. Box 12070 (512) 463-5800 **MUTUAL FUNDS** PART 4 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet. 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 Wisdomtree Equity Income Fund (Merrill Lynch) 2 SHARES OF MUTUAL FUND K SPOUSE FILER DEPENDENT CHILD ___ HELD OR ACQUIRED BY 3 NUMBER OF SHARES 1,000 TO 4,999 LESS THAN 100 X 100 TO 499 500 TO 999 OF MUTUAL FUND ☐ 10,000 OR MORE 5,000 TO 9,999 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** Elements Roger Energy Trust (Merrill Lynch) SHARES OF MUTUAL FUND SPOUSE FILER DEPENDENT CHILD _____ HELD OR ACQUIRED BY NUMBER OF SHARES **100 TO 499** ☐ 500 TO 999 1,000 TO 4,999 LESS THAN 100 OF MUTUAL FUND ☐ 10,000 OR MORE 5,000 TO 9,999 IF SOLD ■ NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE ☐ NET LOSS **MUTUAL FUND** American Century One Choice Portfolio: Moderate, City of Austin Deferred Compensation Plan Investment SHARES OF MUTUAL FUND X FILER SPOUSE DEPENDENT CHILD HELD OR ACQUIRED BY 1,000 TO 4,999 NUMBER OF SHARES LESS THAN 100 100 TO 499 ☐ 500 TO 999 OF MUTUAL FUND ☐ 10.000 OR MORE 5,000 TO 9,999 IF SOLD ☐ NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 ☐ \$10,000—\$24,999 ☐ \$25,000—OR MORE

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If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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 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 C	over Sheet.		
1 MUTUAL FUND	Wells Fargo Advantage DJ Target 2035 I Retirement Savings Program, Texas Saver Program			
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	₹ FILER	SPOUSE	DEPENDENT CHI	LD
3 NUMBER OF SHARES OF MUTUAL FUND	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499	500 TO 999	1,000 TO 4,999
4 IF SOLD	LESS THAN \$5,000	\$5,000_\$9,999	_	\$25,000-OR MORE
MUTUAL FUND	Emerging Economies Fund (Valic 403B)			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHI	LO
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOR	□ 500 TO 999	x 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
MUTUAL FUND	Global Social	\wareness Fun	^{ME} d (Valic 403B)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	K FILER	SPOUSE	DEPENDENT CHI	LD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999 E	[X] 1,000 TO 4,999
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	\$25,000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

MUTUAL FUNDS PART 4 If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet. 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. Whan reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 MUTUAL FUND NAME Global Strategy Fund (Valic 403B) ² SHARES OF MUTUAL FUND K FILER ☐ SPOUSE DEPENDENT CHILD ____ HELD OR ACQUIRED BY 3 NUMBER OF SHARES ☐ 100 TO 499 ☐ 500 TO 999 X 1,000 TO 4,999 LESS THAN 100 OF MUTUAL FUND 10,000 OR MORE 5,000 TO 9,999 4 IF SOLD ☐ NET GAIN LESS THAN \$5,000 S5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE ☐ NET LOSS **MUTUAL FUND** Mid Cap Index Fund (Valic 403B) SHARES OF MUTUAL FUND X FILER ☐ SPOUSE DEPENDENT CHILD _____ HELD OR ACQUIRED BY NUMBER OF SHARES € 500 TO 999 1,000 TO 4,999 ☐ 100 TO 499 LESS THAN 100 OF MUTUAL FUND ☐ 10,000 OR MORE 5,000 TO 9,999 IF SOLD ■ NET GAIN LESS THAN \$5,000 55,000-\$9,999 510,000-\$24,999 \$25,000-OR MORE ☐ NET LOSS MUTUAL FUND Small Cap Index Fund (Valic 403B) SHARES OF MUTUAL FUND X FILER SPOUSE DEPENDENT CHILD __ HELD OR ACQUIRED BY NUMBER OF SHARES ☐ 500 TO 999 X 1,000 TO 4,999 LESS THAN 100 ☐ 100 TO 499 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 COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

List each mutual fund and the number of shares in thet 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.

providing the number under which the child is listed on the Cover Sheet.					
1 MUTUAL FUND Stock Index Fund (Valic 403B)					
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHI	LD	
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	X 1,000 TO 4,999	
OF MOTUAL FORD	□ 5,000 TO 9,999	10,000 OR MOR	E		
4 IF SOLD	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
MUTUAL FUNO	Texas Saver Em Wells Fargo Dow	ployee Savings	•	(401K Texasaver)	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHIL	LD	
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999	
OF MOTOACTORD	□ 5,000 TO 9,999	10,000 OR MOR	E		
IF SOLD	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
MUTUAL FUND		NA	ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHIL	LD	
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	1,000 TO 4,999	
OF MID FOREFORD	☐ 5,000 TO 9,999	☐ 10,000 OR MOR	E		
IF SOLD	LESS THAN \$5,000	\$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

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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.

1 SOURCE OF INCOME	NAME AND ADDRESS Single Family Residential Real Estate Property: 800 Christopher Street Austin, Texas 78704			
² RECEIVED BY	☑ FILER	☑ spouse	DEPENDENT CHILD	
3 AMOUNT	5500-\$4,999	▼ \$5,000–\$9,999	☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE	
SOURCE OF INCOME	NAME AND ADDRESS Manulife Financial Corporation			
RECEIVED BY	∏ FILER	X spouse	DEPENDENT CHILD	
AMOUNT	k] \$500~\$4.999	\$5,000-\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE	
SOURCE OF INCOME		NAME ANI	D ADDRESS	
RECEIVED BY	FILER	SPOUSE	DEPENDENT CHILD	
AMOUNT	\$500~ \$ 4,999	eee,e\$000,2\$ []	\$10,000-\$24,999 \$25,000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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.

1 SOURCE OF INCOME	NAME AND ADDRESS Ratliff Riker LP PO Box 1427 Austin, Tx 78767			
² RECEIVED BY	X) FILER	X SPOUSE	DEPENDENT CHILD	
3 AMOUNT	5500—\$4,999	☐ \$ 5,000 –\$ 9,999	\$10,000-\$24,999 X \$25,000-OR MORE	
SOURCE OF INCOME	NAME AND ADDRESS McCottage LLC PO Box 1427 Austin, Tx 78767			
RECEIVED BY	X FILER	SPOUSE SPOUSE	DEPENDENT CHILD	
AMOUNT	፟፟፟፟፟፟፟\$500~\$4,999	□ \$5,000 ~ \$9,999	\$10,000-\$24,999 \$25,000-OR MORE	
SOURCE OF INCOME		NAME AND	O ADDRESS	
RECEIVED BY	FILER	SPOUSE	DEPENDENT CHILD	
AMOUNT	\$500\$4,999	55,000-\$9,999	☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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.

' '				
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Colonial Savings (Home loan residence)			
² LIABILITY OF	FILER		☐ DEPENDENT C	HILD
³ GUARANTOR	Tom Hurt, Kathryne Tovo			
4 AMOUNT	\$1,000-\$4,999	☐ \$5,000 ~\$9 ,999	\$10,000-\$24,999	▼ \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Bank of America (for Business Enttiy Real Eastate McCottage LLC)			
LIABILITY OF	⊠ FILER	☑ SPOUSE	DEPENDENT C	HILD
GUARANTOR				-
AMOUNT	\$1,000-\$4,999	☐ \$ 5,000 ~\$ 9,999	S10,000—\$24,999	X \$25,000-OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Capitol One Bank (for Business Entity Real Estate West Fourteenth LLC)			
LIABILITY OF	🔀 FILER	X SPOUSE	DEPENDENT C	HILO
GUARANTOR				
AMOUNT	\$1,000-\$4,999	S5,000-\$9,999	\$10,000—\$24,999	★ \$25,000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calender 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.

1 HELD OR ACQUIRED BY	X FILER	X spouse	DEPENDENT CHILD	
2 STREET ADDRESS NOT AVAILABLE	200 01		DING CITY, COUNTY, AND STATE	
CHECK IF FILER'S HOME ADDRESS	800 Chr	ristopher Street, Aus	stin, Texas 78704	
3 DESCRIPTION		NUMBER OF LOTS OR ACRES AN	AD NAME OF COUNTY WHERE LOCATED	
	1 Lot, T	Travis County		
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)				
5 IF SOLD				
NET GAIN	LESS THAN	1\$5,000 🔲 \$5,000\$9,991	9 \$10,000-\$24,999 \$25,000-OR MORE	
NETLOSS				
HELD OR ACQUIRED BY	. X FILER	SPOUSE	DEPENDENT CHILD	
STREET ADDRESS	000 111-		DING CITY, COUNTY, AND STATE	
☐ NOTAVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	809 Wes	st 32nd Street, Austi	in, Texas 78705	
DESCRIPTION		NUMBER OF LOTS OR ACRES AN	D NAME OF COUNTY WHERE LOCATED	
X ro⊥s	1 Lot, Travis County			
ACRES				
NAMES OF PERSONS				
RETAINING AN INTEREST NOT APPLICABLE	Colo	nial Savings Bank		
(SEVERED MINERAL INTEREST)			N	
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				

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

IF SOLD

☐ NET GAIN
☐ NET LOSS

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

INTERESTS IN BUSINESS ENTITIES

P.O. Box 12070

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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	K FILER	x spouse	DEPENDENT CHILD		
DESCRIPTION	NAME AND ADDRESS (Check 11 Filer's Home Address) Ratliff Riker LP PO Box 1427, Austin Tx 78767				
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,0	9,999	\$10,000-\$24,999 \$25,000-OR MORE		
HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD		
DESCRIPTION	NAME AND ADDRESS (Check II Filer's Home Address) Ratliff Riker Management LLC PO Box 1427, Austin Tx 78767				
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,0	000 🔲 \$5,000-\$9,999	\$10,000-\$24,999 \$25,000OR MORE		
HELD OR ACQUIRED BY	▼ FILER	X 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 \$5,0	\$5,000-\$9,999	\$10,000-\$24,999 \$25,000-OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INSTRUCTION GUIDE.

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

INTERESTS IN BUSINESS ENTITIES

PART 7B

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-

1 HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CH	HILD
DESCRIPTION			D ADDRESS ler's Home Address)	
	, _P ,	earl Cat Management	···	
		O Box 1427, Austin T		
3 IF SOLD				
☐ NET GAIN	LESS THAN	\$5,000 \$5,000-\$9,999	\$10,000 -\$24, 999	\$25,000-OR MORE
☐ NET LOSS				
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CH	
			D ADDOGAD	
DESCRIPTION			D ADDRESS ler's Home Address)	
IF SOLD				
☐ NET GAIN	LESS THAN	\$5,000 LJ \$5,000-\$9,999	□ \$10,000 − \$24,999	☐ \$25,000OR MORE
☐ NET LOSS				
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CH	
		NAME AND	O ADDRESS	
DESCRIPTION			ler's Home Address)	
IF SOLD				
☐ NET GAIN	LESS THAN	1 \$5,000	\$10,000 -\$24,999	\$25,000-OR MORE
☐ NET LOSS				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				
	ATTACIL A	PERMITTE FACES AS		

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business essociation 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.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) Cumberland Fifth LLC PO Box 1427, Austin Tx 78767			
² BUSINESS TYPE	LLC, Limited Liability Company			
3 HELD, ACQUIRED, OR SOLD BY	X FILER X SPOUSE	DEPENDENT CHILD		
4 ASSETS	Bank account holdings, University Federal Credit Union, Austin, Texas, cash deposits	CATEGORY LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE		
		LESS THAN \$5,000		
		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 \$25,000-OR MORE		
		LESS THAN \$5,000 \$5,000-\$9,999		
	, , . , , , , , , , , , , , ,	LESS THAN \$5,000 \$5,000-\$9,999		
		LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE		
- 1				
	COPY AND ATTACH ADDITIONAL PAGES	AS NECESSARY		

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ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not eppticable, indicate that on Page 2 of the Cover Sheet.

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.

BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) Pearl Cat LP PO Box 1427, Austin Tx 78767			
² BUSINESS TYPE	LP, Limited	Partnership		
³ HELD, ACQUIRED, OR SOLD BY	X FILER	X SPOUSE	DEPENDENT	CHILD
4 ASSETS	investment ac Merrill Lynch,	ESCRIPTION COUNT holdings, Austin,Texas, cash ds and mutual funds	CATE LESS THAN \$5,000	GORY ☐ \$5,000-\$9,999 ① \$25,000-OR MORE
			LESS THAN \$5,000	\$5,000\$9,999
			LESS THAN \$5,000	\$5,000-\$9,999
			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
			LESS THAN \$5,000	\$5,000-\$9,999
			LESS THAN \$5,000	\$5,000-\$9,999 \$25,000OR MORE

PART 11A

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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.

providing the number and	iei walch the child is liste	d on the Cover Sneet.			
BUSINESS ASSOCIATION	l l	NUME AND ADDRESS (Check If Filer's Home Address) Pearl Cat Management LLC PO Box 1427, Austin Tx 78767			
² BUSINESS TYPE	LLC, Limit	ed Liability Company	1		
³ HELD, ACQUIRED, OR SOLD BY	™ FILER	X SPOUSE	DEPENDENT	CHILD	
4 ASSETS	Bank account ho Merrill Lynch, Au deposits	•	CATE X LESS THAN \$5,000 \$10,000-\$24,999	GORY \$5,000-\$9,999 \$25,000-OR MORE	
	Pearl Cat LP (1% ownership in	nterest)	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 \$25,000-OR MORE	
			LESS THAN \$5,000	\$5,000-\$9,999	
			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	
	COPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY		

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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 and	er which the child is its	ted bil the Cover Sheet.		
¹ BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filers Home Address) Ratliff Riker LP PO Box 1427, Austin Tx 78767			
² BUSINESS TYPE	LP, Limi	ted Partnership		
³ HELD, ACQUIRED, OR SOLD BY	X FILER	SPOUSE	OEPENDENT	CHILD ——
4 ASSETS	Real Estate (We	SEPPEOS CI	CATE	GORY
A33213	Undivided interst in	•	LESS THAN \$5,000	\$5,000\$9,999
	_	s, on property known as whed by Ratliff Riker	\$10,000-\$24,999	\$25,000-OR MORE
	LP, Approx. 20,000 Undivided interest in	acres n land acreage in	 	\$5,000-\$9,999
	•	ras, on property known as wned by Ratliff Riker	\$10,000-\$24,999	\$25,000-OR MORE
	LP, Approx. 2,000 acres Undivided interest in land acreage in Loving County, Texas, on property known as		LESS THAN \$5,000	\$5,000 ~\$9,999
	Ratliff Ranch and ov	vned by Ratliff Riker	\$10,000 -\$24 ,999	\$25,000-OR MORE
	LP, Approx. 2,000 acres Undivided interest in land acreage in Atascosa County, Texas, on property known as Ratliff Ranch and owned by Ratliff Riker LP, Approx. 2,000 acres		 	\$5,000-\$9,999
			\$10,000-\$24,999	X \$25,000-OR MORE
	Lr, Applox. 2,000 a		I LESS THAN \$5,000	\$5,000~\$9,999
			\$10,000-\$24,999	☐ \$25,000—OR MORE
	Bank account ho	ldings,		
	University Federa	al Credit Union,	LESS THAN \$5,000	\$5,000-\$9,999
	Austin, Texas, ca	ash deposits	\$10,000\$24,999	\$25,000-OR MORE
			LESS THAN \$5,000	S5,000\$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 ATTAC	H ADDITIONAL PAGES	AS NECESSARY	

PART 11A

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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.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) Ratliff Riker Management LLC PO Box 1427, Austin Tx 78767			
² BUSINESS TYPE	LLC, Lin	nited Liability Company	,	
³ HELD, ACQUIRED, OR SOLD BY	X FILER	X SPOUSE	DEPENDENT	CHILD ———
4 ASSETS	Bank account University Fed	holdings, leral Credit Union, cash deposits	CATE LESS THAN \$5,000 X \$10,000-\$24,999	GORY \$5,000—\$9,999 \$25,000—OR MORE
	Ratliff Riker LP		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
	, ,	 	LESS THAN \$5,000	\$5,000-\$9,999
			LESS THAN \$5,000	\$5,000-\$9,999
			LESS THAN \$5,000	\$5,000-\$9,999
!		<u> </u>	LESS THAN \$5,000	\$5,000\$9,999
l c	OPY AND ATTAC	H ADDITIONAL PAGES	AS NECESSARY	

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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.

rental property; property address: 1107 S. 3rd St., Austin, Texas, 78704, Travis County LESS THAN \$5,000	BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) McCottage LLC PO Box 1427, Austin Tx 78767			
ASSETS Real Estate Holding: Single Family House on 1 city lot; rental property; property address: 1107 S. 3rd St., Austin, Texas, 78704, Travis County Bank account, University Federal Credit Union, Austin, Texas, cash deposits □ \$10,000-\$24,999 □ \$25,000-OR MOR! □ \$10,000-\$24,999 □ \$25,000-S9,999 □ \$25,000-S9,	² BUSINESS TYPE	LLC, Limited Liability Company			
LESS THAN \$5,000		☑ FILER ☑ SPOUSE	DEPENDENT CHILD		
1107 S. 3rd St., Austin, Texas, 78704, Travis County \$10,000-\$24.999	4 ASSETS	Real Estate Holding: Single Family House on 1 city lot;	LESS THAN \$5,000 \$5,000-\$9,999		
University Federal Credit Union, Austin, Texas, cash deposits \$10,000-\$24,999		1107 S. 3rd St., Austin, Texas,	! _		
\$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5,000 \$5,000-\$9,999 \$25,000-OR MORE \$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5,000 \$5,000-\$9,999 \$25,000-OR MORE LESS THAN \$5,000 \$5,000-\$9,999 \$25,000-OR MORE LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE		University Federal Credit Union,			
\$10,000-\$24,999 \$25,000-OR MORI LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORI LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORI			i _		
\$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE					
\$10,000-\$24,999 \$25,000-OR MORE			!		
i _					
☐ \$10,000\$24,999 ☐ \$25,000-OR MORE			LESS THAN \$5,000 \$5,000~\$9,999		

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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.

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 BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) West Fourteenth LLC 409 West 14th Street, Austin, TX 78701				
² BUSINESS TYPE	LLC, Limited Liability Company	-			
³ HELD, ACQUIRED, OR SOLD BY		☐ DEPENDENT	CHILD ——		
4 ASSETS	DESCRIPTION Real Estate Holding: Single Family House (formerly); 1 City Lot; Commercial office rental	CATE LESS THAN \$5,000 S10,000\$24,999	GORY ☐ \$5,000—\$9,999 X \$25,000—OR MORE		
	property; property address: 409 W. 14th St., Austin, Texas 78701, Travis County	LESS THAN \$5,000	\$5,000-\$9,999 \$25,000-OR MORE		
	Bank account holdings, Capital One Bank, Plainview, Texas; cash deposits	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 \$25,000-OR MORE		
		LESS THAN \$5,000	\$5,000-\$9,999		
		LESS THAN \$5,000	\$5,000-\$9,999 \$25,000-OR MORE		
		LESS THAN \$5,000	\$5,000-\$9,999		
C	OPY AND ATTACH ADDITIONAL PAGES	AS NECESSARY			

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Texas Ethics Commission

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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

Providence of the contract of				
1 BUSINESS		NAME AND /	ADDRESS 's Home Address)	
ASSOCIATION	West Fourteenth LLC			
	409 West 14	th St,, Austin, Tx 787	01	
2				
² BUSINESS TYPE	LLC, Limited	Liability Company		
3 HELD, ACQUIRED, OR SOLD BY	X FILER	X SPOUSE	☐ DEPENDENT	CHILD ———
4 LIABILITIES	DES	CRIPTION	CATE	GORY
LIMBILITIES			LESS THAN \$5,000	\$5,000-\$9,999
	Real Estate M	lortgage	l [X \$25,000-OR MORE
			1	
			LESS THAN \$5,000	\$5,000-\$9,999
			\$10,000-\$24,999	\$25,000OR MORE
			LESS THAN \$5,000	55,000-\$9,999
			 	T enemon on Mone
			\$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
				_
	L		\$10,000-\$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999
			510,000-\$24,999	\$25,000-OR MORE
				☐ \$5,000\$0,000
			LESS THAN \$5,000	\$5,000\$9,999
			☐ \$10,000~\$24,9 9 9	\$25,000-OR MORE
	COPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY	

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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

1 BUSINESS ASSOCIATION	McCottage LLC PO Box 1427, Austin To	NAME AND A (Check if Filer)	DDRESS s Home Address)	
² BUSINESS TYPE	LLC, Limited Liability C	ompany		
3 HELD, ACQUIRED, OR SOLD BY	X FILER X] SPOUSE	DEPENDENT	CHILD ——
4 LIABILITIES	Real Estate Mortgage		CATE LESS THAN \$5,000 \$10,000-\$24,999	GORY \$5,000\$9,999 \$25,000OR MORE
	,		LESS THAN \$5,000	\$5,000\$9,999
			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
	· · · · · · · · · · · · · · · · · · ·	 	LESS THAN \$5,000	\$5,000-\$9,999 \$25,000-OR MORE
		i 	LESS THAN \$5,000	\$5,000-\$9,999
			LESS THAN \$5,000	\$5,000-\$9,999
	COPY AND ATTACH ADDITIO	NAL PAGES	AS NECESSARY	

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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.

1 ORGANIZATION	Tom Hurt Archited (formerly Hurt Par	cture, Inc tners Architects, In	c)
POSITION HELD	President, Owne	r	
³ POSITION HELD BY	☐ FILER	X SPOUSE	DEPENDENT CHILD
ORGANIZATION	Ratliff Riker LP		
POSITION HELD	Limited Partner		
POSITION HELD BY	X FILER	X SPOUSE	DEPENDENT CHILD
ORGANIZATION	Ratliff Riker Mana	gement LLC	
POSITION HELD	Manager		
POSITION HELD BY	X FILER	⊠ spouse	DEPENDENT CHILD
ORGANIZATION	Pearl Cat LP		
POSITION HELD	Limited Partner		
POSITION HELD BY	K) FILER	X SPOUSE	DEPENDENT CHILD
ORGANIZATION	Pearl Cat Manage	ment LLC	
POSITION HELD	Manager		
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD
o c	OPY AND ATTACH AD	DITIONAL PAGES A	S NECESSARY

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

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 pertnerships, professional corporations, professional associations, joint ventures, other business associations, or propnetorships, stating the name of the organization and the position held. For more information, see FORM PFS-INSTRUCTION GUIDE.

1 ORGANIZATION	West Fourte	enth LLC	
POSITION HELD	Manager		
3 POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION	McCottage LL	.c	
POSITION HELD	Manager	-	
POSITION HELD BY	(X) FILER	X SPOUSE	DEPENDENT CHILD
ORGANIZATION	Cumberland	Fifth LLC	
POSITION HELD	Manager		
POSITION HELD BY	X FILER	K spouse	DEPENDENT CHILD
ORGANIZATION	Community Act	ion Network, Austin,	тх
POSITION HELD	Board Membe	r	
POSITION HELD BY	X FILER	SPOUSE	DEPENDENT CHILD
ORGANIZATION	Capital Area Cou	uncil of Governments	3
POSITION HELD	Member, Execut	ive Committee	
POSITION HELD BY	(X) FILER	SPOUSE	DEPENDENT CHILD
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet.

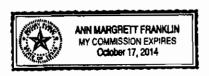
List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, 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.

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1 ORGANIZATION	Bouldin Creek Community Dev. Corporation, Austin, TX			
POSITION HELD	Volunteer Agent / Board Member (Resigned in 2012)			
³ POSITION HELD BY	▼ FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	Campfire USA Balcones Council			
POSITION HELD	Program Advisory Board Member			
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	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2012, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said <u>KQ+hrune B IDD</u> , this to certify which, withess my hand and seal of off	
Ann Margood James Ann Margrett Franklin	Alatary
Signature of officer administering path Print name of officer administering path	Title of officer administering oath