	PERSON	· -		OVER SHEET
		n accordance with chapter 572 of the Government Code.	PR 4 PM 2 TOTAL NUMBER OF PAG 42	01 ES FILED:
		uired in 2011, covering calendar year ending December 31, 2010. RM PFSINSTRUCTION GUIDE when completing this form.	ACCOUNT #	
1	NAME	TITLE: FIRST; MI	OFFICE	USE ONLY
		Kathryne B. NICKNAME: LAST: SUFFIX Tovo	Date Received	
2	ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	4	809 W 32nd Street Austin, Texas 78705	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			(INDICATE OFFICE)
	STATEMENT	☐ ELECTED OFFICER		(INDICATE OFFICE)
		APPOINTED OFFICER		(INDICATE AGENCY)
		☐ EXECUTIVE HEAD		(INDICATE AGENCY)
		☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT		
		☐ STATE PARTY CHAIR		(INDICATE PARTY)
		OTHER		_ (INDICATE POSITION)
5	Family members who dependent children is	hose financial activity you are reporting (filer must report information about the filer had actual control over that activity):	financial activity of t	he filer's spouse or
SPOUSETom Hamilton Hurt				
	DEPENDENT CH	HILD 1. Ella HuiJiao Tovo-Hurt		
		2. Lori Qiu Li Tovo-Hurt		
		3		

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

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SOURCES OF OCCUPATIONAL INCOME PART 1A NOTAPPLICABLE 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) **Hurt Partners Architects** 409 West 14th Street, Austin, Texas 78701 ☐ EMPLOYED BY ANOTHER Tom Hurt, Principal, Owner NATURE OF OCCUPATION X SELF-EMPLOYED Architect, (Texas Registration) INFORMATION RELATES TO X SPOUSE FILER DEPENDENT CHILD _____ NAME AND ADDRESS OF EMPLOYER / POSITION HELD **EMPLOYMENT** (Check If Filer's Home Address) ☐ EMPLOYED BY ANOTHER **Hurt Asset Management LLC** 409 West 14th Street, Austin, Texas 78701 Tom Hurt, Manager NATURE OF OCCUPATION SELF-EMPLOYED Property and Asset Management Company INFORMATION RELATES TO ☐ FILER SPOUSE DEPENDENT CHILD _____ NAME AND ADDRESS OF EMPLOYER / POSITION HELD (Check If Filer's Home Address) **EMPLOYMENT** MEMPLOYED BY ANOTHER NATURE OF OCCUPATION ☐ SELF-EMPLOYED 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
RETAINERS				PART 1B
X NOTAPPLICABLE				
This section concerns fees receive your spouse, or a dependent child services on a matter specified at the work actually performed during see FORM PFS—INSTRUCTION	I have a "subs the time of co g the calenda	stantial interest") for a claim on fut ntracting for or receiving the fee.	ure services in case Report information	of need, rather than for here only if the value of
When reporting information about providing the number under whice			child about whom	you are reporting by
1 FEE RECEIVED FROM		. NAME AND	DADDRESS	
FEE RECEIVED BY	☐ FILE		F BUSINESS	
	☐ DEP	USE SPOUSE'S BUSINESS ENDENT CHILD CHILD'S BUSINESS		
FEE AMOUNT	LES	S THAN \$5,000	\$10,000-\$24,999	☐ \$25,000-OR MORE
		NAME AND	ADDRESS	
FEE RECEIVED FROM				
FEE RECEIVED BY		NAME OF	F BUSINESS	
	SPO OR S	ILER'S BUSINESS		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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

FEE AMOUNT

☐ NET LOSS

					PART 2
☐ NOTAPPLIC	CABLE	·			
and indicate the ca	tegory of the number the net	, your spouse, or a dep per 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 ENTI	ΓΥ	McCottage LLC	, N	AME	
² STOCK HELD OF	ACQUIRED BY	☐ FILER	X spouse	DEPENDENT CHI	LD
³ NUMBER OF SHA	ARES	☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MOR	☐ 500 TO 999 RE	☐ 1,000 TO 4,999
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000 -\$24 ,999	\$25,000OR MORE
BUSINESS ENTIT	ΓY	West Fourteent	h LLC ™	AME	
STOCK HELD OF	ACQUIRED BY	IX FILER	X 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	X 10,000 OR MOR	E	
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
BUSINESS ENTIT	ΓY	0	N	AME	
		Cumberland Fifth	LLC		
STOCK HELD OR		Cumberland Firth	X SPOUSE	DEPENDENT CHIL	LD
	ACQUIRED BY			DEPENDENT CHIL	LD
STOCK HELD OR	ACQUIRED BY	X FILER	X SPOUSE	☐ 500 TO 999	
STOCK HELD OR	ACQUIRED BY	☐ LESS THAN 100		☐ 500 TO 999	
STOCK HELD OR NUMBER OF SHA	ACQUIRED BY ARES NET GAIN NET LOSS	☐ LESS THAN 100☐ 5,000 TO 9,999	 ✓ SPOUSE ☐ 100 TO 499 ✓ 10,000 OR MOR ☐ \$5,000-\$9,999 	☐ 500 TO 999 E	☐ 1,000 TO 4,999
STOCK HELD OR NUMBER OF SHA	ACQUIRED BY ARES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	 ✓ SPOUSE ☐ 100 TO 499 ✓ 10,000 OR MOR ☐ \$5,000-\$9,999 	☐ 500 TO 999 :E ☐ \$10,000-\$24,999	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE
STOCK HELD OR NUMBER OF SHA	ACQUIRED BY ARES NET GAIN NET LOSS TY ACQUIRED BY	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Hurt Family Inves	SPOUSE ☐ 100 TO 499 ☑ 10,000 OR MOR ☐ \$5,000–\$9,999 tments LP	☐ 500 TO 999 E ☐ \$10,000—\$24,999	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR	ACQUIRED BY ARES NET GAIN NET LOSS TY ACQUIRED BY	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Hurt Family Inves ☐ FILER	SPOUSE ☐ 100 TO 499 ☑ 10,000 OR MOR ☐ \$5,000–\$9,999 tments LP ☑ SPOUSE	500 TO 999 E \$10,000-\$24,999 MME DEPENDENT CHIL	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR	ACQUIRED BY ARES NET GAIN NET LOSS TY ACQUIRED BY	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Hurt Family Inves ☐ FILER ☐ LESS THAN 100	SPOUSE ☐ 100 TO 499 ☑ 10,000 OR MOR ☐ \$5,000—\$9,999 tments LP ☑ SPOUSE ☐ 100 TO 499	500 TO 999 E \$10,000-\$24,999 MME DEPENDENT CHIL	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR NUMBER OF SHA	ACQUIRED BY ARES NET GAIN NET LOSS ACQUIRED BY ARES NET GAIN NET GAIN NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Hurt Family Inves ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	SPOUSE ☐ 100 TO 499 ☒ 10,000 OR MOR ☐ \$5,000—\$9,999 tments LP ☒ SPOUSE ☐ 100 TO 499 ☒ 10,000 OR MOR ☐ \$5,000—\$9,999	500 TO 999 E \$10,000-\$24,999 MME DEPENDENT CHIL 500 TO 999 E	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE ☐ 1,000 TO 4,999
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR NUMBER OF SHA IF SOLD	ACQUIRED BY ARES NET GAIN NET LOSS ACQUIRED BY ARES NET GAIN NET GAIN NET GAIN NET LOSS	ILES THAN 100 5,000 TO 9,999 LESS THAN \$5,000 Hurt Family Inves 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 tments LP ☒ SPOUSE ☐ 100 TO 499 ☒ 10,000 OR MOR ☐ \$5,000—\$9,999	☐ 500 TO 999 E	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE ☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE
STOCK HELD OR NUMBER OF SHA	ACQUIRED BY ARES NET GAIN NET LOSS TY ACQUIRED BY ARES NET GAIN NET GAIN NET LOSS Y ACQUIRED BY	ILES THAN 100 5,000 TO 9,999 LESS THAN \$5,000 Hurt Family Inves FILER LESS THAN \$5,000 LESS THAN \$5,000 Hurt Asset Man	SPOUSE ☐ 100 TO 499 ☒ 10,000 OR MOR ☐ \$5,000—\$9,999 tments LP ☒ SPOUSE ☐ 100 TO 499 ☒ 10,000 OR MOR ☐ \$5,000—\$9,999 agement LLC NA	☐ 500 TO 999 E	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE ☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE
STOCK HELD OR NUMBER OF SHA	ACQUIRED BY ARES NET GAIN NET LOSS TY ACQUIRED BY ARES NET GAIN NET GAIN NET LOSS Y ACQUIRED BY	ILES THAN 100 5,000 TO 9,999 LESS THAN \$5,000 Hurt Family Inves FILER LESS THAN \$5,000 LESS THAN \$5,000 Hurt Asset Man FILER	SPOUSE ☐ 100 TO 499 ☒ 10,000 OR MOR ☐ \$5,000-\$9,999 tments LP ☒ SPOUSE ☐ 100 TO 499 ☒ 10,000 OR MOR ☐ \$5,000-\$9,999 agement LLC ☒SPOUSE	500 TO 999 E	☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE ☐ 1,000 TO 4,999 ☐ \$25,000—OR MORE

BONDS, NOTES & O	THER COMMERCIAL PAPER PART 3			
NOTAPPLICABLE				
calendar year. If sold, indicate th	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 PFSINSTRUCTION GUIDE.			
	t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.			
DESCRIPTION OF INSTRUMENT	CD'S AND MONEY MARKET INVESTED THROUGH MERRILL LYNCH FOR PERSONAL RETIREMENT ACCOUNTS			
² HELD OR ACQUIRED BY	☐ SPOUSE ☐ DEPENDENT CHILD			
3 IF SOLD				
☐ NET GAIN	☐ LESS THAN \$5,000 🖾 \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE			
☐ NET LOSS				
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 ☐ \$25,000OR MORE			
DESCRIPTION OF INSTRUMENT				
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
IF SOLD				
☐ NET GAIN	☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE			
☐ NET LOSS				
CODY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY			

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MUTUAL FU	JNDS				PART 4
NOTAPPLIC	CABLE				
acquired during the some or all of the sh	e calendar year and nares of a mutual fu	r of shares in that mut d indicate the category and were sold, also indic ee FORM PFSINSTR	of the number of s cate the category o	hares of mutual fund	ds held or acquired. If
, ,		dependent child's ac child is listed on the Co	•	child about whom	you are reporting by
1 MUTUAL FUND		MUTUAL FUNDS LYNCH FOR PER		OUGH MERRILL	
² SHARES OF MUTU HELD OR ACQUIR		X FILER	X SPOUSE	DEPENDENT CHI	
3 NUMBER OF SHAF		LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	1,000 TO 4,999
OF MOTOAL FOND	,	☐ 5,000 TO 9,999		RE .	
4 IF SOLD	☐ NET GAIN	X LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 -\$24 ,999	☐ \$25,000OR MORE
MUTUAL FUND		MUTUAL FUNDS INVESTED THROUGH NEW YORK LIFE COMPANY FOR PERSONAL RETIREMENT ACCOUNTS			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		FILER	X SPOUSE	DEPENDENT CHIL	_D
NUMBER OF SHAF		LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
OF MUTUAL FUND	:	☐ 5,000 TO 9,999	፟ 10,000 OR MOR	E	
IF SOLD	☐ NET GAIN	☑ LESS THAN \$5,000	\$5,000-\$9,999	\$10,000 <u></u> \$24,999	☐ \$25,000OR MORE
MUTUAL FUND			NA		The state of the s
		MUTUAL FUND IN FOR PERSONAL R			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		X FILER	SPOUSE	DEPENDENT CHIL	.D
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		E	
IF SOLD	☐ NET GAIN		\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE
	☐ NET LOSS	KN FEOR HIMM \$0,000	□ \$0,000 \$3,333	\$.0,000 \\$24,000	L. T.

INCOME FROM INTE	REST, DIVID	ENDS, ROYA	LTIES & REI	NTS PART 5
NOTAPPLICABLE				
List each source of income you, y interest, dividends, royalties, and remore information, see FORM PFS-	ents during the calenda	ar year and indicate the	d in excess of \$500 e category of the amo	that was derived from ount of the income. For
When reporting information abou providing the number under which	t a dependent child's the child is listed on th	s activity, indicate the e Cover Sheet.	e child about whom	you are reporting by
1 SOURCE OF INCOME		NAME AN	D ADDRESS	
		nily Residential Rea opher Street as 78704	l Estate Property	
² RECEIVED BY	X FILER	⊠ spouse	☐ DEPENDENT (CHILD
3 AMOUNT	\$500\$4,999	55,000-\$9,999	X \$10,000—\$24,999	☐ \$25,000OR MORE
SOURCE OF INCOME			D ADDRESS	
	University Fed	eral Credit Union, Joi	nt Bank Account, In	terest
RECEIVED BY		⊠ spouse	☐ DEPENDENT C	HILD
AMOUNT	X \$500\$4,999	\$5,000-\$9,999	\$10,000 <u>\$24,999</u>	☐ \$25,000OR MORE
SOURCE OF INCOME		NAME AND	ADDRESS	
RECEIVED BY	☐ FILER	SPOUSE	☐ DEPENDENT C	HILD
AMOUNT	\$500\$ 4 ,999	\$5,000\$9,999	\$10,000\$24,999	☐ \$25,000-OR MORE
COPY A	ND ATTACH ADDIT	IONAL PAGES AS	NECESSARY	

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PERSONAL NOTES AND LEASE AGREEMENTS PART				PART 6	
NOTAPPLICABLE					
a dependent child had a total fina agreement at any time during the care	Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, of a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or least 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 providing the number under which t			child about whom	you are reporting by	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Colonial Savings (Home Loan - res	sidence note I)			
² LIABILITY OF	X FILER	X SPOUSE	DEPENDENT (CHILD	
3 GUARANTOR	Tom Hurt, Kath	ryne Tovo			
4 AMOUNT	\$1,000-\$4,999	55,000 \$9,999	S10,000—\$24,999	X \$25,000 OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT		nk of Commerce esidence, note 2)			
LIABILITY OF	X FILER	X SPOUSE	DEPENDENT C	CHILD	
GUARANTOR	Tom Hurt, Kathr	yne Tovo			
AMOUNT	S1,000-\$4,999	\$5,000\$9,999	S10,000-\$24,999	X \$25,000OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Frost Bank Line of Credit fo	r business, Hurt Pa	artners Architects		
LIABILITY OF	☐ FILER	X SPOUSE	DEPENDENT C	CHILD	
GUARANTOR	Tom Hurt				
AMOUNT	S1,000\$4,999	\$5,000\$9,999	\$10,000 - \$24,999		
CORV A	ND ATTACH ADDIT	ONAL PAGES AS	NECESSARV		

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INTERESTS IN REAL PROPERTY PART 7.6					
NOTAPPLICABLE					
calendar year. If the interest was so	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 PFSNSTRUCTION GUIDE.				
	t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.				
HELD OR ACQUIRED BY	☐ DEPENDENT CHILD				
STREETADDRESS NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE Undivided interest in land acreage in Ector County, Texas on property known as Ratliff Ranch, and owned by Ratliff Riker LP				
DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED .065 Undivided interest in approx. 20,000 acres, Ector County, Texas				
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Kathryne Tovo, Tom Hurt				
IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 ☐ \$10,000—\$24,999 [X] \$25,000—OR MORE				
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD				
STREET ADDRESS NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE Undivided interest in land acreage in Winkler County, Wink County, and Atascosa County, Texas on property owned by Ratliff Riker LP				
DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED .065 Undivided interest in approx. 7000 acres, in Winkler County, Wink County, andAtascosa County, Texas				
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Kathryne Tovo, Tom Hurt				
IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 ☐ \$10,000—\$24,999 ☒ \$25,000—OR MORE				

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. **HELD OR ACQUIRED BY** ☐ FILER **SPOUSE** DEPENDENT CHILD _____ STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2 STREETADDRESS ■ NOTAVAILABLE 1502 Lupine Lane, Austin, Texas, 78741 CHECK IF FILER'S HOME ADDRESS NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 3 DESCRIPTION X LOTS 1 Lot, Travis County ACRES NAMES OF PERSONS Tom Hurt **RETAINING AN INTEREST** ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST) IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☒ \$25,000-OR MORE X NET GAIN **□** NETLOSS HELD OR ACQUIRED BY ▼ FILER X SPOUSE ☐ DEPENDENT CHILD _____ STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE **STREETADDRESS** 1107 S 3rd Street, Austin, Texas, 78704 NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED DESCRIPTION 1 Lot, Austin, Texas X LOTS **ACRES** NAMES OF PERSONS Kathryne Tovo, Tom Hurt **RETAINING AN INTEREST** ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST) IF SOLD X NET GAIN LESS THAN \$5,000 S5,000—\$9,999 \$10,000—\$24,999 \$25,000—OR MORE ☐ NET LOSS

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INTERESTS IN REAL PROPERTY PAR		
NOTAPPLICABLE		
calendar year. If the interest was so	real property held or acquired by you, your s d, also indicate the category of the amount of the interest" and other specific directions for con	he net gain or loss realized from the sale.
	a dependent child's activity, indicate the cl he child is listed on the Cover Sheet.	hild about whom you are reporting by
1 HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE	DEPENDENT CHILD
2 STREETADDRESS NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS	street address, including o	
3 DESCRIPTION ☑ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAM 1 Lot, Travis County	ME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Kathryne Tovo, Tom Hurt	
5 IF SOLD X NET GAIN NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐] \$10,000-\$24,999 [X] \$25,000-OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE	DEPENDENT CHILD
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	street address, including o 809 West 32nd Street, Austin, Texa	
DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAM 2 Lots (portions of), Travis County	SE OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Kathryne Tovo, Tom Hurt	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 [X	\$10,000-\$24,999

INTERESTS IN BUSINESS ENTITIES PART					
NOTAPPLICABLE					
calendar year. If the interest was so	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.				
	t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.	y			
1 HELD OR ACQUIRED BY	☐ FILER SPOUSE ☐ DEPENDENT CHILD				
² DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address)				
	HURT PARTNERS ARCHITECTS 409 WEST 14TH STREET, 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 ASSET MANAGEMENT LLC 409 WEST 14TH STREET, AUSTIN, TX 78701				
IF SOLD X 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 FAMILY INVESTMENTS LP 409 WEST 14TH STREET, AUSTIN, TX 78701				
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	_			

INTERESTS IN BUSINESS ENTITIES PAR				
NOTAPPLICABLE				
Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the section and explanation of "beneficial interest" and other specific directions for completing this section, see FORM PINSTRUCTION GUIDE.				
	t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.			
HELD OR ACQUIRED BY	☐ SPOUSE ☐ DEPENDENT CHILD			
DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address) McCOTTAGE 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 ☒ \$25,000-OR MORE			
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address) CUMBERLAND FIFTH 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 ☒ \$25,000-OR MORE			
HELD OR ACQUIRED BY	TILER SPOUSE DEPENDENT CHILD			
DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address)			
	WEST FOURTEENTH LLC 409 WEST 14TH STREET, 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			

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. HELD OR ACQUIRED BY X FILER X SPOUSE DEPENDENT CHILD _____ NAME AND ADDRESS DESCRIPTION (Check If Filer's Home Address) RATLIFF RIKER LP 409 WEST 14TH STREET, AUSTIN, TX 78701 3 IF SOLD LESS THAN \$5,000 S5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE NET GAIN ☐ NET LOSS HELD OR ACQUIRED BY X FILER X SPOUSE ☐ DEPENDENT CHILD ____ NAME AND ADDRESS (Check If Filer's Home Address) DESCRIPTION RATLIFF RIKER MANAGEMENT LLC 409 WEST 14TH STREET, AUSTIN, TX 78701 IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 X \$10.000--\$24,999 ☐ \$25,000--OR MORE X NET GAIN ☐ NET LOSS HELD OR ACQUIRED BY X FILER X SPOUSE DEPENDENT CHILD _____ NAME AND ADDRESS **DESCRIPTION** (Check If Filer's Home Address) PEARL CAT LP PO BOX 1427, AUSTIN, TX 78767 IF SOLD X NET GAIN ☐ NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSI	NESS ENTITIES PART 7B			
NOTAPPLICABLE				
calendar year. If the interest was so	ousiness entities held or acquired by you, your spouse, or a dependent child during the old, also indicate the category of the amount of the net gain or loss realized from the sale. interest" and other specific directions for completing this section, see FORM PFS—			
	t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.			
HELD OR ACQUIRED BY	X FILER SPOUSE DEPENDENT CHILD			
2 DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address)			
	PEARL CAT MANAGEMENT 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			
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			
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 ☐ \$25,000-OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
GIFTS				PART 8
X NOTAPPLICABLE				
Identify any person or organized describe the gift. The descrip include a statement of the val registered as a lobbyist under 3) gifts given by a person relative FORM PFSINSTRUCTI	tion of a gift of cash oue of the gift. Do not rehapter 305 of the ted to the recipient v	or a cash equivalent, such as include: 1) expenditures red Government Code; 2) politic	s a negotiable instrumer quired to be reported by cal contributions reporte	nt or gift certificate, must a person required to be ad as required by law; or
When reporting information providing the number under v			the child about whom	you are reporting by
1 DONOR		NAMI	E AND ADDRESS	
² RECIPIENT	☐ FILER		DEPENDENT C	HILD
DESCRIPTION OF GIFT				
DONOR		NAME	E AND ADDRESS	
RECIPIENT	☐ FILER	☐ SPOUSE	DEPENDENT C	HILD
RECIPIENT DESCRIPTION OF GIFT	☐ FILER	☐ SPOUSE	☐ DEPENDENT CI	HILD
	FILER		☐ DEPENDENT CI	HILD
DESCRIPTION OF GIFT	FILER			HILD
DESCRIPTION OF GIFT	☐ FILER			

Texas Ethics Commission P.O. E	Box 12070 Austin,	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
TRUST INCOME				PART 9
Identify each source of income rece category of the amount of income r than \$500 in income, if the identity	eceived. Also identify	each asset of the trus	t from which the ben	eficiary received more
When reporting information abou providing the number under which			child about whom	you are reporting by
1 SOURCE		NAME C	OF TRUST	
² BENEFICIARY	FILER	SPOUSE	DEPENDENT (CHILD
3 INCOME	LESS THAN \$5,00	00	\$10,000 \$24 ,999	☐ \$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
UNKNOWN				
SOURCE		NAME O	OF TRUST	
BENEFICIARY	FILER	SPOUSE	DEPENDENT C	CHILD
INCOME	LESS THAN \$5,00	00 🗆 \$5,000-\$9,999	S10,000\$24,999	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
UNKNOWN				
SOURCE		NAME O	F TRUST	
BENEFICIARY	☐ FILER	SPOUSE	DEPENDENT C	HILD

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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

INCOME

ASSETS FROM WHICH OVER \$500 WAS RECEIVED

UNKNOWN

BLIND TRUSTS			PART 10A
X NOTAPPLICABLE			
Identify each blind trust that compli GUIDE.	es with section 572.023(c) of the Governme	ent 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			
² TRUSTEE		NAME AN	ID ADDRESS
³ BENEFICIARY	☐ FILER	SPOUSE	DEPENDENT CHILD
⁴ FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000 - \$9,999	☐ \$10,000\$24,999 ☐ \$25,000-OR MORE
5 DATE CREATED			
NAME OF TRUST			
TRUSTEE		NAME AN	ND 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			
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			
COPY A	ND ATTACH ADDITIO	NAL PAGES AS	S NECESSARY

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
TRUSTEE STAT	EMENT			PART 10B
X NOTAPPLICABLE				
	ustee of each blind tru	d trust on Part 10A of the Perust listed on Part 10A. The porti		
1 NAME OF TRUST				
² TRUSTEE NAME				
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED		NAME		
4 TRUSTEE STATEMENT	trust except inform	nalty of perjury, that I have not reve mation that may be disclosed und the best of my knowledge, the	er section 572.023 (b)(8) of the Government

§ 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

Trustee Signature

- (ii) to the best of the trustee's knowledge, the trust complies with this section.
- (c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:
 - (1) the trustee:
 - (A) is a disinterested party;
 - (B) is not the individual;
 - (C) is not required to register as a lobbyist under Chapter 305;
 - (D) is not a public officer or public employee; and
 - (E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and
 - (2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.
- (d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

ASSETS OF BUSINESS ASSOCIATIONS PART 11A

TOOL TO OI DOG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·		
NOTAPPLICABLE				
Describe all assets of each orporation, professional as lent child held, acquired, or of the assets. For more information in the assets.	ssociation, joint venture sold 50 percent or more	e, or other business assoc e of the outstanding owne	ciation in which you, you ership and indicate the ca	r spouse, or a depen-
When reporting information or	n about a dependent which the child is listed	child's activity, indicate to a contract of the cover Sheet.	the child about whom	you are reporting by
BUSINESS ASSOCIATION		NAME AND AI (Check If Filer's ERS ARCHITECTS STREET, AUSTIN, TX 7870	s Home Address)	
BUSINESS TYPE	S- CORPORA	TION		
HELD, ACQUIRED, OR SOLD BY	☐ FILER	X SPOUSE	DEPENDENT C	CHILD
ASSETS	DESC	RIPTION	CATEG	·
·	SOFTWARE		\$10,000-\$24,999	\$25,000-OR MORE
	FURNITURE		X LESS THAN \$5,000	S5,000-\$9,999
			\$10,000 \$24 ,999	\$25,000OR MORE
	COMPUTER EQUIPMENT		LESS THAN \$5,000	\$ 5,000- \$ 9,999
			\$10,000-\$24,999	☐ \$25,000—OR MORE
	OTHER EQUIPMENT, MISC.		X LESS THAN \$5,000	\$5,000\$9,999
			\$10,000\$24,999	\$25,000OR MORE
	BANK ACCOU	JNT	LESS THAN \$5,000	\$5,000\$9,999
			\$10,000-\$24,999	\$25,000OR MORE
			LESS THAN \$5,000	55,000-\$9,999
			\$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	55,000-\$9,999
			\$10,000-\$24,999	☐ \$25,000-OR MORE
HELD, ACQUIRED, OR SOLD BY	S- CORPORA FILER DESCI SOFTWARE FURNITURE COMPUTER EQUIPS	TION SPOUSE RIPTION UIPMENT MENT, MISC.	CATECO CATECO LESS THAN \$5,000 \$10,000-\$24,999 LESS THAN \$5,000 \$10,000-\$24,999	\$5,000—\$9,999 \$5,000—\$9,999 \$5,000—\$0,9999 \$5,000—\$0,9999 \$5,000—\$0,9999 \$5,000—\$0,9999 \$5,000—\$0,9999 \$5,000—\$0,9999 \$5,000—\$0,9999 \$5,000—\$0,9999 \$5,000—\$0,9999 \$5,000—\$0,9999 \$5,000—\$0,9999 \$5,000—\$0,9999

ASSETS OF BUSINESS ASSOCIATIONS ■ NOTAPPLICABLE

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 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 whem you are re

providing the number unde			e the child about whom	you are reporting by
¹ BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) CUMBERLAND FIFTH LLC PO BOX 1427, AUSTIN, TX 78767			
² BUSINESS TYPE	LIMITED LIA	BILITY COMPANY		
³ HELD, ACQUIRED, OR SOLD BY	X FILER	X SPOUSE	DEPENDENT	CHILD ———
4 ASSETS	i	SCRIPTION	1	GORY
	3	IVESTMENTS , KET ACCOUNT	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
·			LESS THAN \$5,000	\$5,000\$9,999
	<u> </u>		\$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	\$25,000OR 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
		· · · · · · · · · · · · · · · · · · ·	\$10,000\$24,999	\$25,000OR MORE
			LESS THAN \$5,000	S5,000-\$9,999
			510,000-\$24,999	☐ \$25,000-OR MORE

PART 11A

ASSETS OF DO		SOLATIONS		17.11.11
NOTAPPLICABLE				
Describe all assets of eac corporation, professional a dent child held, acquired, o of the assets. For more info	issociation, joint ventu ir sold 50 percent or m	ire, or other business ass ore of the outstandin <mark>g</mark> ow	sociation in which you, you nership and indicate the c	ur spouse, or a depen-
When reporting information providing the number under			e the child about whom	you are reporting by
BUSINESS ASSOCIATION	NAME AND ADDRESS (Check If Filer's Home Address) WEST FOURTEENTH LLC 409 WEST 14TH STREET, AUSTIN, TX 78701			
² BUSINESS TYPE	LIMITED LIA	BILITY COMPANY		
³ HELD, ACQUIRED, OR SOLD BY	X FILER		☐ DEPENDENT	CHILD ———
⁴ ASSETS	REAL ESTATE, S BUILDING, AUS		CATE LESS THAN \$5,000 \$10,000-\$24,999	GORY ☐ \$5,000\$9,999 ☐ \$25,000OR MORE
	BANK ACCOUN	T	X LESS THAN \$5,000 ☐ \$10,000-\$24,999	\$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 \$25,000-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 ☐ \$25,000—OR MORE

PART 11A

NOTAPPLICABLE				
Describe all assets of eac corporation, professional a dent child held, acquired, o of the assets. For more info	ssociation, joint vent r sold 50 percent or m	ure, or other business assonore of the outstanding own	ociation in which you, you nership and indicate the c	ır spouse, or a depen-
When reporting information providing the number under			the child about whom	you are reporting by
1 BUSINESS ASSOCIATION	RATLIFF RI 409 WEST 141	kerned '	r's Home Address)	
² BUSINESS TYPE	LIMITED PAF	RTNERSHIP		
³ HELD, ACQUIRED, OR SOLD BY	X FILER	X SPOUSE	DEPENDENT (CHILD
⁴ ASSETS	DE	SCRIPTION	CATE	GORY
AGGETG	REAL ESTATE,	SURFACE AND	LESS THAN \$5,000	\$5,000-\$9,999
	MINERALS IN E WINK, AND ATASCO	ECTOR, WINKLER, DSA COUNTIES, TEXAS	\$10,000-\$24,999	\$25,000-OR MORE
	BANK ACCO	ТИС	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
			\$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
			LESS THAN \$5,000	\$5,000\$9,999
			\$10,000\$24,999	\$25,000OR MORE
				\$5,000\$9,999
			\$10,000\$24,999	☐ \$25,000-OR MORE

(512) 463-5800 PART 11A ASSETS OF BUSINESS ASSOCIATIONS

ASSETS OF BU	SINESSASSE	CIATIONS		17444 1 10 4
NOTAPPLICABLE				
Describe all assets of eac corporation, professional a dent child held, acquired, o of the assets. For more info	issociation, joint ventur ir sold 50 percent or mo	re, or other business ass are of the outstanding ow	ociation in which you, you nership and indicate the c	ır spouse, or a depen-
When reporting information providing the number under	on about a dependent or which the child is liste	t child's activity, indicated on the Cover Sheet.	e the child about whom	you are reporting by
BUSINESS ASSOCIATION				
² BUSINESS TYPE	LIMITED LIAB	ILITY ASSOCIATION		
HELD, ACQUIRED, OR SOLD BY	X FILER	X SPOUSE	DEPENDENT	CHILD
ASSETS	BANK ACCOU	CRIPTION	CATE LESS THAN \$5,000 510,000-\$24,999	GORY \$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 \$25,000-OR MORE
			☐ LESS THAN \$5,000	\$5,000-\$9,999 \$25,000-OR MORE
			☐ LESS THAN \$5,000 ☐ \$10,000-\$24,999	\$5,000-\$9,999 \$25,000-OR MORE
			LESS THAN \$5,000	☐ \$5,000-\$9,999 ☐ \$25,000-OR MORE

NOTAPPLICABLE			;	
corporation, professional a dent child held, acquired, o	association, joint ver or sold 50 percent or	partnership, limited partne nture, or other business ass more of the outstanding ow MPFSINSTRUCTION GUI	ociation in which you, you nership and indicate the c	ur spouse, or a depen-
When reporting information providing the number under		ent child's activity, indicate isted on the Cover Sheet.	e the child about whom	you are reporting by
¹ BUSINESS ASSOCIATION	PEARL CAT PO BOX 1427,	(Check If File	ADDRESS er's Home Address)	
² BUSINESS TYPE	LIMITED PA	RTNERSHIP		
³ HELD, ACQUIRED, OR SOLD BY	X FILER	X spouse	☐ DEPENDENT	CHILD
⁴ ASSETS		T BANK ACCOUNT	CATE LESS THAN \$5,000 \$10,000-\$24,999	GORY ☐ \$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 \$10,000-\$24,999	\$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 ☐ \$25,000OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999 \$25,000-OR MORE

ASSETS OF BU	SINESS ASS	OCIATIONS		PART 11A
NOTAPPLICABLE				
Describe all assets of eac corporation, professional a dent child held, acquired, o of the assets. For more info	ssociation, joint ventur sold 50 percent or m	ure, or other business ass ore of the outstanding ow	ociation in which you, you nership and indicate the c	ır spouse, or a depen-
When reporting information providing the number under			e the child about whom	you are reporting by
¹ BUSINESS ASSOCIATION	PEARL CAT IN PO BOX 1427, AU	(Check If File MANAGEMENT LLC	DADDRESS er's Home Address)	
² BUSINESS TYPE	LIMITED LIAB	ILITY COMPANY		
³ HELD, ACQUIRED, OR SOLD BY	☑ FILER	X SPOUSE	☐ DEPENDENT	CHILD
4 ASSETS		SCRIPTION BANK ACCOUNT	CATE X LESS THAN \$5,000 310,000-\$24,999	GORY \$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 ☐ \$25,000-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 \$25,000-OR MORE
			LESS THAN \$5,000	☐ \$5,000—\$9,999 ☐ \$25,000—OR MORE

Texas Ethics Commission

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 PFSINSTRUCTION GUIDE.						
When reporting information providing the number under	on about a depender or which the child is list	nt child's activity, indicate ed on the Cover Sheet.	the child about whom	you are reporting by		
¹ BUSINESS ASSOCIATION	McCOTTAG PO BOX 142	٠٠ لسا	NDDRESS 's Home Address)			
² BUSINESS TYPE	LIMITED LIA	BILITY COMPANY				
³ HELD, ACQUIRED, OR SOLD BY	X FILER	X SPOUSE	DEPENDENT (CHILD ——		
4 ASSETS	1	SCRIPTION	±.	GORY		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SINGLE-FAMILY RENTAL PROPERTY	LESS THAN \$5,000	\$5,000\$9,999		
	RESIDENTIAL	RENTAL PROPERTY	S10,000-\$24,999	X \$25,000-OR MORE		
	BANK ACCOUN	NT	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		
			!			
			LESS THAN \$5,000	\$5,000-\$9,999		
]	\$25,000-OR MORE		
			LESS THAN \$5,000	S5,000-\$9,999		
			 	\$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		
	1					

AGGETG OF DO	UNITED AUG			
NOTAPPLICABLE				
Describe all assets of eac corporation, professional a dent child held, acquired, o of the assets. For more info	ssociation, joint vent r sold 50 percent or m	ure, or other business ass nore of the outstanding ow	ociation in which you, you nership and indicate the c	ur spouse, or a depen-
When reporting information providing the number under			e the child about whom	you are reporting by
BUSINESS ASSOCIATION	1		ADDRESS er's Home Address) 701	
² BUSINESS TYPE	LIMITED PAI	RTNERSHIP		
³ HELD, ACQUIRED, OR SOLD BY	☐ FILER	X spouse	DEPENDENT (CHILD
ASSETS	DE	SCRIPTION	CATE	GORY
AUGLIO	INVESTMENT	BANK ACCOUNT	LESS THAN \$5,000	\$5,000-\$9,999
			\$10,000-\$24,999	X \$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
			\$10,000-\$24,999	☐ \$25,000OR MORE
			.	
			LESS THAN \$5,000	S5,000—\$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
			 	55,000-\$9,999
			\$10,000-\$24,999	☐ \$25,000-OR MORE
				S5,000-\$9,999
			\$10,000-\$24,999	☐ \$25,000-OR MORE

P.O. Box 12070

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 PFSINSTRUCTION GUIDE.					
When reporting informati providing the number under			e the child about whom	you are reporting by	
¹ BUSINESS ASSOCIATION	1				
² BUSINESS TYPE	LIMITED LIA	BILITY COMPANY			
³ HELD, ACQUIRED, OR SOLD BY	☐ FILER	X spouse	DEPENDENT	CHILD ———	
4 ASSETS	DE	ESCRIPTION	CATE	GORY	
ACCETO	REAL ESTATE	SURFACE AND	LESS THAN \$5,000	\$5,000\$9,999	
	MINERALS		\$10,000-\$24,999	X \$25,000OR MORE	
	BANK ACCO	UNT			
			LESS THAN \$5,000	\$5,000-\$9,999	
			\$10,000-\$24,999	☒ \$25,000OR MORE	
				\$5,000\$9,999	
·			LESS THAN \$5,000	☐ \$25,000-OR MORE	
		•		\$5,000-\$9,999	
			\$10,000-\$24,999	☐ \$25,000OR MORE	
				_	
			LESS THAN \$5,000	\$5,000-\$9,999	
			\$10,000-\$24,999	\$25,000-OR MORE	
			LESS THAN \$5,000	\$5,000-\$9,999	
			1	☐ \$25,000OR MORE	
		· · · · · · · · · · · · · · · · · · ·	1 10,000-324,999		
			LESS THAN \$5,000	55,000–\$9,999	
			\$10,000\$24,999	☐ \$25,000OR MORE	
			LESS THAN \$5,000	55,000-\$9,999	
			\$10,000-\$24,999	☐ \$25,000-OR MORE	

LIABILITIES OF	BUSINESS A	SSOCIATIONS		PART 11B
NOTAPPLICABLE				
Describe all liabilities of ea corporation, professional a dent child held, acquired, o of the assets. For more info	association, joint ventu or sold 50 percent or m	ire, or other business ass ore of the outstanding ow	sociation in which you, you nership and indicate the c	ur spouse, or a depen-
When reporting information providing the number under			e the child about whom	you are reporting by
¹ BUSINESS ASSOCIATION	McCOTTAGI PO BOX 142	(Check If Fil	D ADDRESS ler's Home Address)	
² BUSINESS TYPE	LIMITED LIA	BILITY COMPANY		
3 HELD, ACQUIRED, OR SOLD BY	ズ FILER	X SPOUSE	DEPENDENT	CHILD
4 LIABILITIES	COMMERCIAL LOAN	REAL ESTATE	CATE LESS THAN \$5,000 S10,000-\$24,999	GORY \$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 \$25,000-OR 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 \$10,000-\$24,999	\$5,000\$9,999 \$25,000OR MORE

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

LIABILITIEGGI	DOGINEOUA	COCCIATION		PART IID
NOTAPPLICABLE				
Describe all liabilities of ea corporation, professional a dent child held, acquired, o of the assets. For more info	association, joint vent or sold 50 percent or n	ture, or other business asso nore of the outstanding owr	ociation in which you, you nership and indicate the c	ur spouse, or a depen-
When reporting information providing the number under			the child about whom	you are reporting by
¹ BUSINESS ASSOCIATION		NAME AND (Check If File) RTEENTH LLC FH STREET, AUSTIN, TX 787	r's Home Address)	:
² BUSINESS TYPE	LIMITED LIA	ABILITY COMPANY		
3 HELD, ACQUIRED, OR SOLD BY	X FILER	X SPOUSE	☐ DEPENDENT	CHILD
4 LIABILITIES	. DE	ESCRIPTION	CATE	GORY
LIADILITIES	COMMERCIAL	REAL ESTATE	LESS THAN \$5,000	\$5,000-\$9,999
	LOAN		\$10,000\$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000-\$9,999
			1	
			\$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\$9,999
			\$10,000-\$24,999	☐ \$25,000—OR MORE
			LESS THAN \$5,000	55,000-\$9,999
			 	\$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	\$25,000OR MORE
				\$5,000\$9,999
		, 	\$10,000-\$24,999	\$25,000OR MORE
	į	· · · · · · · · · · · · · · · · · · ·		

LIABILITIES OF BUSINESS ASSOCIATIONS PART 11B

LIABILITIES					
NOTAPPLICABLE					
Describe all liabilities of ea corporation, professional a dent child held, acquired, o of the assets. For more info	association, joint ventur or sold 50 percent or mo	e, or other business asso re of the outstanding own	ociation in which you, you nership and indicate the c	ur spouse, or a depen-	
When reporting information providing the number under			the child about whom	you are reporting by	
¹ BUSINESS ASSOCIATION	1	NAME AND (Check If File) RS ARCHITECTS REET, AUSTIN, TX 78701	r's Home Address)		
² BUSINESS TYPE	S- CORPORAT	ION			
3 HELD, ACQUIRED, OR SOLD BY	☐ FILER	X SPOUSE	☐ DEPENDENT	CHILD ———	
4	DESC	RIPTION	CATE	GORY	
LIABILITIES	BUSINESS LINE	OF CREDIT,	LESS THAN \$5,000	\$5,000-\$9,999	
	FROST BANK	FROST BANK	\$10,000\$24,999	☒ \$25,000–OR MORE	
			LESS THAN \$5,000	55,000\$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	
				\$5,000\$9,999	
			\$10,000\$24,999	☐ \$25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999	
				☐ \$25,000OR MORE	
			· · · · · · · · · · · · · · · · · · ·		
			LESS THAN \$5,000	\$5,000-\$9,999	
			\$10,000\$24,999	\$25,000-OR MORE	
				55,000\$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	
	COPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY		

Texas I	Ethics	Commission	
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Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

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** HURT PARTNERS ARCHITECTS. INC PRINCIPAL, OWNER **POSITION HELD POSITION HELD BY** FILER X SPOUSE DEPENDENT CHILD _____ RATLIFF RIKER, LP **ORGANIZATION POSITION HELD** PARTNER POSITION HELD BY **I** FILER X SPOUSE DEPENDENT CHILD _____ **ORGANIZATION** RATLIFF RIKER MANAGEMENT LLC **POSITION HELD MANAGER** POSITION HELD BY X FILER X SPOUSE DEPENDENT CHILD _____ **ORGANIZATION** PEARL CAT LP **PARTNER POSITION HELD** X SPOUSE **POSITION HELD BY I** FILER ☐ DEPENDENT CHILD ____ **ORGANIZATION** PEARL CAT MANAGMENT LLC **POSITION HELD** MANAGER TILER X SPOUSE POSITION HELD BY DEPENDENT CHILD _____

(TDD 1-800-735-2989)

Texas Ethics Commission

BOARDS AND E	XECUTIVE P	OSITIONS	PART 12
☐ NOTAPPLICABLE			
your spouse, or a depende ships, professional corpora	ent child hold in corpor tions, professional ass	ations, firms, partnerships, ociations, joint ventures, otl	re a member and all executive positions you, limited partnerships, limited liability partnerner business associations, or proprietorships, on, see FORM PFSINSTRUCTION GUIDE.
When reporting information providing the number under			he child about whom you are reporting by
ORGANIZATION	WEST FOURT	EENTH LLC	
POSITION HELD	MANAGER		
POSITION HELD BY	⊠ FILER	X spouse	DEPENDENT CHILD
ORGANIZATION	McCOTTAGE I	LC	
POSITION HELD	MANAGER		
POSITION HELD BY	X FILER	☑ SPOUSE	DEPENDENT CHILD
ORGANIZATION	CUMBERLAND	FIFTH LLC	
POSITION HELD	MANAGER		
POSITION HELD BY	X FILER	⊠ spouse	DEPENDENT CHILD
ORGANIZATION	HURT ASSET	MANAGEMENT LLC	
POSITION HELD	MANAGER		
POSITION HELD BY	FILER	X spouse	DEPENDENT CHILD
ORGANIZATION	HURT FAMILY	INVESTMENTS LP	
POSITION HELD	PARTNER		
POSITION HELD BY	☐ FILER	⊠ spouse	DEPENDENT CHILD
	ODV AND ATTACH	ADDITIONAL PAGES A	AS NECESSARY

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PART 13

EXDENSES VC	CEPTED UNDER	HONODADIIIM	EYCEDTION
EVLENOEOMO	CEP I ED UNDER	TUNUKAKIUW	EXCEPTION

X NOTAPPLICABLE	
of the Penal Code, in connection wi audience or participating in a semi transportation, meals, or lodging. You on a campaign finance report, or ex	ou with necessary transportation, meals, or lodging, as permitted under section 36.07(b) ith a conference or similar event in which you rendered services, such as addressing an nar, that were more than perfunctory. Also provide the amount of the expenditures on ou are not required to include items you have already reported as political contributions openditures required to be reported by a lobbyist under the lobby law (chapter 305 of the mation, see FORM PFSINSTRUCTION GUIDE.
1 PROVIDER	NAME AND ADDRESS
FROVIDEN	
² AMOUNT	
ANIOGINI	
	NAME AND ADDRESS
PROVIDER	
AMOUNT	
	NAME AND ADDRESS
PROVIDER	
AMOUNT	
DDQ\\\DED	NAME AND ADDRESS
PROVIDER	
AMOUNT	

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST **PART 14** X 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** ² INTEREST HELD BY SPOUSE ☐ DEPENDENT CHILD _____ FILER NAME AND ADDRESS **BUSINESS ENTITY** SPOUSE DEPENDENT CHILD _____ ☐ FILER INTEREST HELD BY NAME AND ADDRESS **BUSINESS ENTITY** INTEREST HELD BY SPOUSE DEPENDENT CHILD _____ FILER NAME AND ADDRESS **BUSINESS ENTITY** ☐ SPOUSE DEPENDENT CHILD _____ FILER INTEREST HELD BY NAME AND ADDRESS **BUSINESS ENTITY** FILER SPOUSE DEPENDENT CHILD _____ INTEREST HELD BY

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

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 PFSNSTRUCTION GUIDE.					
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY	LESS THAN \$5,000	S5,000\$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	
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	S10,000-\$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	☐ \$25,000OR MORE	
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED					
FEE CATEGORY	LESS THAN \$5,000	S5,000-\$9,999	\$10,000 <u></u> \$24,999	\$25,000-OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

X NOTAPPLICABLE

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.

STATE AGENCY				
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	55,000-\$9,999	\$10,000-\$24,999	☐ \$25,000-OR MORE
STATE AGENCY				
STATE AGENCY PERSON REPRESENTED				
	☐ LESS THAN \$5,000	\$5,000 \$9,999	\$10,000 \$24 ,999	☐ \$25,000OR MORE
PERSON REPRESENTED	☐ LESS THAN \$5,000	☐ \$ 5,000- \$ 9,999	S10,000\$24,999	☐ \$25,000OR MORE
PERSON REPRESENTED FEE CATEGORY	LESS THAN \$5,000	☐ \$ 5,000- \$ 9,999	\$10,000\$24,999	\$25,000OR MORE

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BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

|X NOTAPPLICABLE

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.

1 SOURCE OF BENEFIT	NAME AND ADDRESS				
2 BENEFIT					
	NAME AND ADDRECC				
SOURCE OF BENEFIT	NAME AND ADDRESS				
·					
BENEFIT					
	NAME AND ADDRESS				
SOURCE OF BENEFIT					
BENEFIT					
SOURCE OF BENEFIT	NAME AND ADDRESS				
0001(02 01 22112111					
BENEFIT					
DENERII					
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)
LEGISLATIVE CO	ONTINUANC			PART 18
X NOTAPPLICABLE				
and Remedies Code, or	under another law	have applied for or obtained und or rule that requires or permits nber or member-elect of the leg	s a court to grant conf	
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	,			

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

☐ NO

YES

DATE OF CONTINUANCE

WAS CONTINUANCE

APPLICATION

GRANTED?

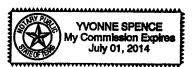
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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, 2010, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Kathryne B 1000
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



	V. Hand R Taxa	LJ-K
Sworp to and subscribed before me, b	by the said Ka thayne B. 1042	$^{\prime}$, this the day of
Maril , 2011	, to certify which, witness my hand and s	seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath