Texas	Ethics	Comm	ission
-------	--------	------	--------

(512) 463-5800

1-800-325-8506

	PERSON	AL FINANCIAL STATEMENT	CLERK	FORM P	_
		06 APR - 3_P	TOTAL NUMBER O		
	Filed	in accordance with chapter 572 of the Government Code.	TUTAL NUMBER O	F PAGES FILED:	
		uired in 2006, covering calendar year ending December 31, 2005. RM PFSINSTRUCTION GUIDE when completing this form.	ACCOUNT #	06	25
1	NAME	TITLE: FIRST: MI	OFFI	ICE USE ONLY	
		Shery IN Cole NICKNAME: LAST. SUFFIX	Date Received	<u>ا</u> س	
2	ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		1:	
		4304 Parkwood Austin Tx 7872		20	
		Aughar Tx 787.2			
		Hasting	Receipt #		
_			HD/PM	Amount	
3	TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION	Date Processed		
		(5/2) 4/9-1539	Date Imaged		
4	REASON FOR FILING		· .		FFICE)
	STATEMENT			(INDICATE O	FFICE)
				(INDICATE AG	ENCY)
				(INDICATE AG	ENCY)
		SORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT			ļ
				(INDICATE P	ARTY)
		OTHER		(INDICATE POS	
5	Family members w	hose financial activity you are reporting (filer must report information about the	financial activity	of the filer's spous	se or
	dependent children	if the filer had actual control over that activity):	·····,		
	SPOUSE	HEVIN COLE HILD 1. Nelson Cole 2. MArcus Cole			
	DEPENDENT C	HILD 1. Nelson Cole			
		2. MAICUS Cole		×	
		3			
re		8, you will disclose your financial activity during the preceding calendar y not only your own financial activity, but also that of your spouse or a depenancial activity.			
		COPY AND ATTACH ADDITIONAL PAGES AS NE	ECESSARY	(	

Texas	Ethics	Commission
-------	--------	------------

SOURCES OF OCCU	PATIONAL INCOME PART 1A
	·
	a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.
INFORMATION RELATES TO	
<sup>2</sup> EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Colc & Powell, PC 400 W. 15 th Ste. 304 Austin, TX 78701
	NATURE OF OCCUPATION
INFORMATION RELATES TO	
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Cole & Powell, PC 400 W. 15th 5te 304 Austhn, Tx 78701
	NATURE OF OCCUPATION
INFORMATION RELATES TO	
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
EMPLOYED BY ANOTHER	
SELF-EMPLOYED	NATURE OF OCCUPATION
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

P.O. Box 12070

Austin, Texas 78711-2070

## RETAINERS

NOTAPPLICABLE

PART **1B** 

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> FEE RECEIVED FROM	NAME AND ADDRESS
2 FEE RECEIVED BY	NAME OF BUSINESS
	FILER     OR FILER'S BUSINESS
	OR SPOUSE'S BUSINESS
	DEPENDENT CHILD OR CHILD'S BUSINESS
<sup>3</sup> FEE AMOUNT	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000\$24,999 ☐ \$25,000-OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
	•
FEE RECEIVED BY	NAME OF BUSINESS
	GR FILER'S BUSINESS
	OR SPOUSE'S BUSINESS
	OR CHILD'S BUSINESS
FEE AMOUNT	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
COPY AN	ND ATTACH ADDITIONAL PAGES AS NECESSARY
	Revised 12/02/2005

STOCK

P.O. Box 12070

Austin, Texas 78711-2070

PART 2

STOCK HELD OR ACQUIRED BY

NET GAIN

☐ NET LOSS

NUMBER OF SHARES

IF SOLD

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. <sup>1</sup> BUSINESS ENTITY NAME <sup>2</sup> STOCK HELD OR ACQUIRED BY FILER SPOUSE DEPENDENT CHILD ☐ 500 TO 999 <sup>3</sup> NUMBER OF SHARES 100 TO 499 1,000 TO 4,999 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 NAME STOCK HELD OR ACQUIRED BY SPOUSE **FILER** DEPENDENT CHILD 1,000 TO 4,999 NUMBER OF SHARES LESS THAN 100 100 TO 499 ☐ 500 TO 999 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 NAME **BUSINESS ENTITY** STOCK HELD OR ACQUIRED BY SPOUSE DEPENDENT CHILD FILER 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 LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE □ NET LOSS NAME BUSINESS ENTITY STOCK HELD OR ACQUIRED BY SPOUSE FILER DEPENDENT CHILD 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

SPOUSE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

100 TO 499

10.000 OR MORE

**FILER** 

LESS THAN 100

5.000 TO 9.999

LESS THAN \$5,000

DEPENDENT CHILD

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

500 TO 999

1.000 TO 4.999

•

ſ

Austin, Texas 78711-2070

BONDS, NOTES & O	THER COMME	RCIAL PAP	PER	PART <b>3</b>
List all bonds, notes, and other co calendar year. If sold, indicate th information, see FORM PFSINST When reporting information about providing the number under which	ne category of the amo RUCTION GUIDE. It a dependent child's a	unt of the net gain activity, indicate th	or loss realized from the sale	For more
1 DESCRIPTION OF INSTRUMENT				
<sup>2</sup> HELD OR ACQUIRED BY		SPOUSE		
IF SOLD	□ LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000-\$24,999 ☐ \$25,00	0OR MORE
DESCRIPTION OF INSTRUMENT	×			
HELD OR ACQUIRED BY				
IF SOLD	☐ LESS THAN \$5,000	[] \$5,000\$9,999	☐ \$10,000\$24,999	0-OR MORE
DESCRIPTION OF INSTRUMENT			· · · · · · · · · · · · · · · · · · ·	
HELD OR ACQUIRED BY		SPOUSE		_
IF SOLD	LESS THAN \$5,000	[] \$5,000\$9,999	S10,000\$24,999 S25,000	OR MORE
COPY A	ND ATTACH ADDITIC	NAL PAGES AS		
			F	evised 12/02/2005

Texas	Ethics	Commission

Austin, Texas 78711-2070

MUTUAL FUNDS				PART 4
List each mutual fund and the numb acquired during the calendar year ar some or all of the shares of a mutual f from the sale. For more information, When reporting information about	nd indicate the categor und were sold, also ind see FORM PFSINSTF	y of the number of icate the category RUCTION GUIDE.	shares of mutual fur of the amount of the I	nds held or acquired. If net gain or loss realized
providing the number under which th				
1 MUTUAL FUND Dean Wi Her	Dean With	er blobal	аме /	
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE		ILD
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
	🗍 5,000 ТО 9,999	10,000 OR MOI	RE	
4 IF SOLD INET GAIN	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	<u>,</u> ),000\$24,999	\$25,000OR MORE
MUTUAL FUND American	American	Funds	Diversitie	d
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FileR	SPOUSE		ίο
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
OF MUTUAL FUND	5,000 ТО 9,999	🗌 10,000 OR MOR	RE	
IF SOLD	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	[] \$10,000\$24,999	
MUTUAL FUND		NA	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		SPOUSE		LD
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	\$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

.

.

	EREST, DIVID	ENDS, ROYA	LTIES & RENTS PART 5
	d rents during the calenda	ar year and indicate the	d <i>in excess of \$500</i> that was derived from e category of the amount of the income. For
When reporting information ab providing the number under which			e child about whom you are reporting by
<sup>1</sup> SOURCE OF INCOME		NAME AN	ID ADDRESS
<sup>2</sup> RECEIVED BY	Filer		
<sup>3</sup> AMOUNT	\$500\$4,999	☐ \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
SOURCE OF INCOME		NAME ANI	D ADDRESS
RECEIVED BY			
AMOUNT	<b>\$500\$4,999</b>	<b>\$5,000</b> \$9,999	S10,000\$24,999 \$25,000OR MORE
SOURCE OF INCOME		NAME AND	DADDRESS
RECEIVED BY		SPOUSE	. DEPENDENT CHILD
AMOUNT	5500\$4,999	<b>\$</b> 5,000\$9,999	\$10,000-\$24,999 \$25,000OR MORE
	AND ATTACH ADDIT	TIONAL PAGES AS	

Texas Ethics Commission P.C	D. Box 12070	Austin, Texas 78711-20	070 (512) 463-5800	1-800-325-8500
PERSONAL NOTES	ANDLEASE	AGREEMEN	TS	PART <b>6</b>
NOTAPPLICABLE				
Identify each guarantor of a la dependent child had a total fin agreement at any time during the tion, see FORM PFSINSTRUCTI When reporting information about providing the number under which	ancial liability of mol calendar year and ind ON GUIDE. It a dependent child	re than \$1,000 in the licate the category of th 's activity, indicate the	form of a personal note or ne amount of the liability. Fo	notes or lease r more informa-
1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Aspen P.	operties		
<sup>2</sup> LIABILITY OF		SPOUSE		
<sup>3</sup> GUARANTOR				
4 AMOUNT	<b>\$1,000\$4,999</b>	\$5,000\$9,999	☐ \$10,000\$24,999   ☐ \$2	5,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF				
GUARANTOR				
AMOUNT	<b>\$1,000\$4,999</b>	5,000\$9,999	\$10,000\$24,999 \$2	5,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF		SPOUSE		
GUARANTOR				
AMOUNT	\$1,000\$4,999	<b>\$</b> 5,000\$9,999	☐ \$10,000\$24,999	5,000OR MORE
COPY A	ND ATTACH ADD	TIONAL PAGES AS	NECESSARY	

Revised 12/02/2005

-

~

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506
INTERESTS IN REA	AL PROPER	RTY	•	PART 7A
	44 - <sup>1</sup> -			
Describe all beneficial interests calendar year. If the interest was For an explanation of "benefic INSTRUCTION GUIDE. When reporting information at providing the number under whi	s sold, also indicate al interest" and oth bout a dependent o	the category of the amount of the specific directions for cor child's activity, indicate the c	the net gain or loss realize mpleting this section, see	d from the sale. FORM PFS
<sup>1</sup> HELD OR ACQUIRED BY	Filer	SPOUSE		
2 STREET ADDRESS	(Fee a	street address. Including	CITY, COUNTY, AND STATE	
3 DESCRIPTION U LOTS U ACRES			ME OF COUNTY WHERE LOCATED	
A NAMES OF PERSONS RETAINING AN INTEREST		ius McDanie.		
5 IF SOLD NET GAIN	🗌 LESS THA	N \$5,000 🗌 \$5,000\$9,999 [	] \$10,000-\$24,999	5,000OR MORE
HELD OR ACQUIRED BY				
STREET ADDRESS		STREET ADDRESS, INCLUDING	CITY, COUNTY, AND STATE	
		NUMBER OF LOTS OR ACRES AND NAM	ME OF COUNTY WHERE LOCATED	
NAMES OF PERSONS RETAINING AN INTEREST	ST)			
IF SOLD	LESS THAN	I\$5,000 🗌 \$5,000\$9,999 🗌	]\$10,000\$24,999 []\$25	,000OR MORE
СОРҮ	AND ATTACH A	DDITIONAL PAGES AS N	IECESSARY	
				Revised 12/02/2005

INTERESTS IN BUSINESS ENTITIES
Describe all beneficial interests in business entities held or ac

**Texas Ethics Commission** 

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.

providing the number under which t	he child is listed on the Cover Sheet.		
<sup>1</sup> HELD OR ACQUIRED BY			
<sup>2</sup> DESCRIPTION	Colc & Powell, F.C. 400 W. 15 th Str 304 Austin, Tx 78101		
<sup>3</sup> IF SOLD	LESS THAN \$5,000 🗌 \$5,000\$9,999 🗌 \$10,000\$24,999 🗌 \$25,000OR MORE		
HELD OR ACQUIRED BY			
DESCRIPTION	NAME AND ADDRESS		
IF SOLD	□ LESS THAN \$5,000 □ \$5,000-\$9,999 □ \$10,000\$24,999 □ \$25,000-OR MORE		
HELD OR ACQUIRED BY			
DESCRIPTION	NAME AND ADDRESS		
IF SOLD	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

PART 7B

¢

GIFTS			PART 8
		· · · · ·	
describe the gift. Do not include: 1) under chapter 305 of the Governn person related to the recipient within -INSTRUCTION GUIDE.	expenditures requ nent Code; 2) polit n the second degre t a dependent ch	ired to be reported by a p ical contributions reporte e by consanguinity or affi ild's activity, indicate th	o you, your spouse, or a dependent child, and berson required to be registered as a lobbyist ed as required by law; or 3) gifts given by a inity. For more information, <i>see</i> FORM PFS- e child about whom you are reporting by
1 DONOR		NAME AP	ND ADDRESS
	r F		
<sup>2</sup> RECIPIENT			
3 DESCRIPTION OF GIFT		•	
DONOR	NAME AND ADDRESS		
RECIPIENT			
DESCRIPTION OF GIFT			
DONOR		NAME ANI	DADDRESS
RECIPIENT			
DESCRIPTION OF GIFT			
COPY AI	ND ATTACH AD	DITIONAL PAGES AS	NECESSARY
			Revised 12/02/2005

P.O. Box 12070

Austin, Texas 78711-2070

1-800-325-8506

ł

TRUST INCOME				PART 9
Identify each source of income rece category of the amount of income r <i>than</i> \$500 in income, if the identity of	eceived. Also identify ea	ach asset of the true	st from which the bene	eficiary received more
When reporting information abou providing the number under which the			e child about whom	you are reporting by
<sup>1</sup> SOURCE		NAME	OF TRUST	
<sup>2</sup> BENEFICIARY				HILD
<sup>3</sup> INCOME	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED		-		
		, NAME (	OF TRUST	
SOURCE				
BENEFICIARY	FILER			HILD
INCOME	LESS THAN \$5,000	<b>\$</b> 5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE		· NAME C	IF TRUST	
BENEFICIARY	[] FILER			HILD
INCOME	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	\$10,000\$24,999	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
	<u> </u>			
COPY A	ND ATTACH ADDITIO	NAL PAGES AS	NECESSARY	
				Revised 12/02/2005

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2	070 (512) 463-5	800 1-800-325-8506
<b>BLIND TRUSTS</b>	`			PART 10A
NOTAPPLICABLE				
Identify each blind trust that of GUIDE.	omplies with section 5	72.023(c) of the Governm	ent Code. See FORM P	FSINSTRUCTION
When reporting information providing the number under v			e child about whom y	ou are reporting by
<sup>1</sup> NAME OF TRUST				
<sup>2</sup> TRUSTEE		NAME A	ND ADDRESS	
<sup>3</sup> BENEFICIARY	☐ FILER	· SPOUSE		ILD
<sup>4</sup> FAIR MARKET VALUE	LESS THAN	<b>1</b> \$5,000 🗌 \$5,000\$9,999	<b>[]</b> \$10,000\$24,999 [	] \$25,000OR MORE
<sup>5</sup> DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME A	ND ADDRESS	
· · ·				,
BENEFICIARY		SPOUSE		ILD
FAIR MARKET VALUE		I \$5,000 🗌 \$5,000\$9,999	<b>\$10,000\$24,999</b>	] \$25,000OR MORE
DATE CREATED	-			
NAME OF TRUST	· · · · · · · · · · · · · · · · · · ·			
TRUSTEE		NAME AN	ID ADDRESS	
BENEFICIARY	FILER			LD
FAIR MARKET VALUE	LESS THAN	\$5,000 🗍 \$5,000\$9,999	\$10,000\$24,999	] \$25,000OR MORE
DATE CREATED				
COF	Y AND ATTACH A	DDITIONAL PAGES AS	NECESSARY	

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506
TRUSTEE STATE	EMENT			PART 10B
	stee of each blind trust l	ust on Part 10A of the Personal isted on Part 10A. The portions of		
1 NAME OF TRUST				
<sup>2</sup> TRUSTEE NAME				
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED		NAME		
4 TRUSTEE STATEMENT	trust except information	of perjury, that I have not revealed a on that may be disclosed under sect best of my knowledge, the trust o	tion 572.023 (b)(8) of t	the Government
		Trustee S	Jignature	
§ 572.023. Contents of Fina		eneral		
(b) The account of financial a	activity consists of:			
than a blind trust that	complies with Subsecti	ory of the amount of all income rec on (c), and identification of each tru eficiary in excess of \$500;		
(14) identification of	each blind trust that co	mplies with Subsection (c), includi	ing:	
(A) the categ	, ory of the fair market v	alue of the trust;		
	the trust was created;			
• •	e and address of the tru	stee: and		
. ,		e, under penalty of perjury, stating	ı that:	· · · · · · · · · · · · · · · · · · ·
(i) the tru	+ -	y information to the individual, exce	-	ay be disclosed
		nowledge, the trust complies with	this section.	
		ind trust is a trust as to which:		
(1) the trustee:				
	terested party;			
(B) is not the				
( )		obyist under Chapter 305;	•	
	ublic officer or public en			
•••	ppointed to public office	by the individual or by a public offic	er or public employee;	e the individual
(2) the trustee has co	•	anage the trust, including the pov vidual.	ver to dispose of and	acquire trust
	most recent financial sta	e the individual is subject to this su tement, disclosing the date of revoc ed from each asset.		
				Revised 12/02/2005

#### **ASSETS OF BUSINESS ASSOCIATIONS**

PART 11A

NOT APPLICABLE

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

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

2         BUSINESS TYPE         Low Film           3         HELD. ACQUIRED, OR SOLD BY         FILER         If SPOUSE         DEPENDENT CHILD           4         ASSETS         US edit form ture         Isseed form ture         Isseed form ture           4         ASSETS         US edit form ture         Isseed form ture         Isseed form ture           5         Furn: ture f         US edit form ture         Isseed form ture         Isseed form ture           6         US edit form ture         Isseed form ture         Isseed form ture         Isseed form ture           6         US edit form ture         Isseed form ture         Isseed form ture         Isseed form ture           1         US edit form ture         Isseed form ture         Isseed form ture         Isseed form ture           1         US edit form ture         Isseed form ture         Isseed form ture         Isseed form ture           1         US edit form ture         Isseed form ture         Isseed form ture         Isseed form ture           1         US edit form ture         Isseed form ture         Isseed form ture         Isseed form ture           1         US edit form ture         Isseed form ture         Isseed form ture         Isseed form ture           1         US edit form ture<	<sup>1</sup> BUSINESS ASSOCIATION	Gole & Powe 400 W. 15 M AUSFIN, TX	011 PC NAME AND 5treet 5te. 30 78701	ADDRESS	
OR SOLD BY         I FLER         I Stock         I DEFENDEN         CATEGORY <sup>4</sup> ASSETS         US & d furn: ture ' Computer eguipment and office eguipment         I LESS THAN \$5,000         \$5,000-\$9,999         \$25,000-OR MORE           I US & d furn: ture ' Computer eguipment         I LESS THAN \$5,000         \$5,000-S9,999         \$25,000-OR MORE           I LESS THAN \$5,000         \$5,000-S9,999         \$25,000-OR MORE         I LESS THAN \$5,000         \$5,000-S9,999           I LESS THAN \$5,000         \$5,000-S9,999         \$25,000-OR MORE         I LESS THAN \$5,000         \$5,000-S9,999           I LESS THAN \$5,000         \$5,000-S9,999         \$25,000-OR MORE         I LESS THAN \$5,000         \$5,000-S9,999           I LESS THAN \$5,000         \$5,000-S9,999         \$25,000-OR MORE         I LESS THAN \$5,000         \$5,000-S9,999           I LESS THAN \$5,000         \$5,000-S9,999         \$25,000-OR MORE         I LESS THAN \$5,000         \$5,000-S9,999           I LESS THAN \$5,000         \$5,000-S9,999         \$25,000-OR MORE         I LESS THAN \$5,000         \$5,000-S9,999           I LESS THAN \$5,000         \$5,000-S9,999         \$25,000-OR MORE         I LESS THAN \$5,000         \$5,000-S9,999           I LESS THAN \$5,000         \$5,000-S9,999         \$25,000-OR MORE         I LESS THAN \$5,000         \$5,000-S9,999 <td><sup>2</sup> BUSINESS TYPE</td> <td>Law Film</td> <td></td> <td></td> <td></td>	<sup>2</sup> BUSINESS TYPE	Law Film			
ASSETS Furn: ture f computer equipment and office eguipment and office eguipment Less THAN \$5,000 \$5,000-S9,999 \$10,000-S24,999 \$25,000-OR MORE LESS THAN \$5,000 \$5,000-S9,999 \$10,000-S24,999 \$25,000-OR MORE			SPOUSE		CHILD
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	ASSEIS	Used furni	ture . 1	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				, I	_
\$10,000-\$24,999       \$25,000OR MORE         LESS THAN \$5,000       \$5,000\$9,999         \$10,000-\$24,999       \$25,000OR MORE				· _ ·	
\$10,000\$24,999       \$25,000OR MORE         LESS THAN \$5,000       \$5,000\$9,999         \$10,000\$24,999       \$25,000OR MORE         \$10,000\$24,999       \$25,000OR MORE         LESS THAN \$5,000       \$5,000S9,999         LESS THAN \$5,000       \$5,000S9,999				l	
□ \$10,000\$24,999 □ \$25,000OR MORE □ LESS THAN \$5,000 □ \$5,000\$9,999					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			   	<b>\$10,000\$24,999</b>	

## LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

NOTAPPLICABLE

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.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> BUSINESS ASSOCIATION		NAME AND	ADDRESS
<sup>2</sup> BUSINESS TYPE			
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY			
<sup>4</sup> LIABILITIES		DESCRIPTION	CATEGORY
			\$10,000-\$24,999 \$25,000OR MORE
			LESS THAN \$5,000 S5,000\$9,999
			🗍 LESS THAN \$5,000 🗌 \$5,000\$9,999
			\$10,000\$24,999 \$25,000OR MORE
			🗌 LESS THAN \$5,000 🗌 \$5,000\$9,999
			S10,000\$24,999 \$25,000OR MORE
·			LESS THAN \$5,000
		   	\$10,000\$24,999 \$25,000OR MORE
			🗌 LESS THAN \$5,000 🗌 \$5,000\$9,999
· .		   	\$10,000\$24,999 \$25,000OR MORE
			🗌 LESS THAN \$5,000 🗌 \$5,000\$9,999
			□ \$10,000\$24,999 □ \$25,000OR MORE
			LESS THAN \$5,000
			□ \$10,000\$24,999 □ \$25,000OR MORE
C	OPY AND ATTAC	H ADDITIONAL PAGES	AS NECESSARY

(512) 463-5800

1-800-325-8506

#### **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.

<sup>1</sup> ORGANIZATION	Austin	Avea Urban L	eaque
<sup>2</sup> POSITION HELD	Boar d	Avea Urban L Member	
<sup>3</sup> POSITION HELD BY	Filer		
ORGANIZATION	Leader	ship Austin	
POSITION HELD		Member	
POSITION HELD BY	Filer	SPOUSE	
ORGANIZATION		······································	
POSITION HELD			And the second
POSITION HELD BY			
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	] FILER		
ORGANIZATION			
POSITION HELD		· ·	
POSITION HELD BY	[] FILER		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

**PART 13** 

Revised 12/02/2005

### EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, *see* FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	. NAME AND ADDRESS			
	•			
<sup>2</sup> AMOUNT				
	NAME AND ADDRESS			
PROVIDER				
AMOUNT				
AMOUNT				
	NAME AND ADDRESS			
PROVIDER				
AMOUNT				
	NAME AND ADDRESS			
PROVIDER				
AMOUNT				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

~

.

Г

INTEREST IN BUSIN	ESS IN COM	MON WITH LO	<b>OBBYIST</b> PART 14
		,	
sional association, joint venture, or	other business asso person registered as	ociation, other than a p a lobbyist under chapte	partnership, professional corporation, profes- publicly-held corporation, in which you, your r 305 of the Government Code that both have
<sup>1</sup> BUSINESS ENTITY Cole Vertures	Gole 4304 Austin	Ventures Parkwood 1, Tx 1872	ND ADDRESS Rol 2.2
<sup>2</sup> INTEREST HELD BY	Filer	L'SPOUSE	DEPENDENT CHILD
BUSINESS ENTITY		NAME A	ND ADDRESS
INTEREST HELD BY			
BUSINESS ENTITY		NAME AN	ND ADDRESS
INTEREST HELD BY			
BUSINESS ENTITY	·····	NAME AN	ID ADDRESS
INTEREST HELD BY			DEPENDENT CHILD
BUSINESS ENTITY		NAME AN	ID ADDRESS
INTEREST HELD BY			DEPENDENT CHILD
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

Revised 12/02/2005

÷

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

PART **15** 

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

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 PFS--INSTRUCTION GUIDE.

<sup>1</sup> PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
<sup>2</sup> FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000\$24,999</b>	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000\$24,999</b>	\$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	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	<b>\$10,000\$24,999</b>	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	- <u> </u>			
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED			,	
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas	Ethics	Comm	ission

Austin, Texas 78711-2070

# REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

#### PART 16

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 ministenal 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.

<sup>1</sup> STATE AGENCY				
<sup>2</sup> PERSON REPRESENTED				
<sup>3</sup> FEE CATEGORY	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	\$10,000\$24,999	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
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	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

PART 17

#### BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

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.

<sup>1</sup> SOURCE OF BENEFIT	NAME AND ADDRESS		
<sup>2</sup> BENEFIT			
SOURCE OF BENEFIT	NAME AND ADDRESS		
BENEFIT			
SOURCE OF BENEFIT	NAME AND ADDRESS		
BENEFIT			
SOURCE OF BENEFIT	NAME AND ADDRESS		
BENEFIT			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

J.

	Austin,	Texas	78711-2070
--	---------	-------	------------

LEGISLATIVE CONT	INUANCES		PART <b>18</b>
NOTAPPLICABLE			
Identify any legislative conținuar and Remedies Code, or under grounds that an attorney for a p	another law or rule that	t requires or permits a court to	
<sup>1</sup> NAME OF PARTY REPRESENTED			
<sup>2</sup> DATE RETAINED			
<sup>3</sup> STYLE, CAUSE NUMBER, COURT & JURISDICTION			
4 DATE OF CONTINUANCE APPLICATION			
<sup>5</sup> WAS CONTINUANCE GRANTED?	🗋 YES	[] NO	
NAME OF PARTY REPRESENTED			
DATE RETAINED	· .		
STYLE, CAUSE NUMBER, COURT, & JURISDICTION			. 1
	RATCH		
WAS CONTINUANCE GRANTED?	TYES		
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, that my financial statement is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Muy 1 Cone Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by t	he said <b>Dhy is Wi (Oace</b> , , to certify which, witness my hand and sea	this the $3rd$ day of all of office.
		PHYLIS W. GAGE NOTARY PUBLIC STATE OF TEXAS COMMISSION EXPIRES: APRIL 23, 2009
Signature of officer administering oath	Phylis W. Gag R Print name of officer administering oath	Title of officer administering oath

KEVIN & SHERYL SOLD THEIR 50% INTEREST IN THE FOLLOWING INFILL LOTS IN OCTOBER 2005				
Street Address	Subdivision	Lot	Block	Status
5902 Coolbrook Drive	Crystalbrook Sec 1	2	D	
5808 Coolbrook Drive	Crystalbrook Sec 1	5	D	
5807 Brook Valley Drive	Las Cimas Sec 1	23	3	
7109 Crystalbrook Drive	Las Cimas Sec 5	1	6	-
5808 Whitebrook Drive	Crystalbrook Sec 1	3	E	
5700 Whitebrook Drive	Crystalbrook Sec 1	14	E	
5700 Purple Sage Drive	Las Cimas Sec I	3	24	-
7200 Inspiration Drive	Las Cimas Sec 1	44	24	†
7208 Gunnison Pass	Las Cimas Sec 1	26	23	
7206 Gunnison Pass	Las Cimas Sec 1	27	23	
7202 Gunnison Pass	Las Cimas Sec 1	29	23	
7200 Gunnison Pass	Las Cimas Sec 1	30	23	
7500 Inspiration Drive	Las Cimas Sec 1	2	16	
7403 Inspiration Drive	Las Cimas Sec 1	13	23	
7405 Inspiration Drive	Las Cimas Sec I	14	23	
7407 Inspiration Drive	Las Cimas Sec 1	15	23	
7402 Gunnison Pass	Las Cimas Sec 1	18	23	
7400 Gunnison Pass	Las Cimas Sec 1	19	23	
7310 Gunnison Pass	Las Cimas Sec 1	20	23	
7308 Gunnison Pass	Las Cimas Sec 1	21	23	
7304 Gunnison Pass	Las Cimas Sec 1	23	23	
7302 Gunnison Pass	Las Cimas Sec 1	24	23	
7501 Inspiration Drive	Las Cimas Sec 1	1	17	
0 Gunnison Pass	Las Cimas Sec 1	2	17	-
0 Gunnison Pass	Las Cimas Sec 1	1	18	

•

•

•

,

	· · ·		
LEGAL	DESCRIPTION OF INFILL PROP	PETY STILL O	WNED
	BY KEVIN & SHERYL C		
5704 Purple Sage Driv	ze Las Cimas Sec 1	1	24
7500 Gunnison Pass	Las Cimas Sec 1	2	17

-· · ·

## Kevin & Sheryl Cole owns 50% of the Following Undeveloped Acreage

#### Tract 1:

Lots 1-8, Block "A"; Lots 1-6, Block "B"; Lots 1-8, Block "C"; Lots 1-22, Block "D", and Lots 10-11, Block "F", NORTHRIDGE PARK, SECTION TWO, PHASE A-1, a subdivision in Travis County, Texas, according to the map or plat recorded in Volume 86, Pages 141B-141C, of the Plat Records of Travis County, Texas.

#### Tract 2:

Lots 23-52, Block "D"; Lots 1-23, Block "E"; Lots 1-9, Block "F", NORTHRIDGE PARK SECTION TWO, PHASE A-2, SMALL LOT SUBDIVISION, a subdivision in Travis County, Texas, according to the map or plat recorded in Volume 86, Pages 141 D-142 A, of the Plat Records of Travis County, Texas.

:	and Taking Commission
	Texas Ethics Commissi

.

	PERSON	AL FINANCIAL STATEMENT		FORM <b>PFS</b> COVER SHEET
		in accordance with chapter 572 of the Government Code. uired in 2007, covering calendar year ending December 31, 2006.	TOTAL NUMBER O	OF PAGES FILED:
		RM PFSINSTRUCTION GUIDE when completing this form.	ACCOUNT #	
1	NAME			ICE USE ONLY
		Shery Cole Nickname; Last: Suffix	Date Received	AUSTIN POSTING 2007 APR 2
2	ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 4101 WY/dwood		сіт DA
ł			Receipt #	PP FE/
3	TELEPHONE	AREA CODE PHONE NUMBER; EXTENSION	HD / PM	
	NUMBER		Date Processed	22 E
		(512) 419-1539	Date Imaged	· · · · · · · · · · · · · · · · · · ·
4	REASON FOR FILING STATEMENT	CANDIDATE CANDI		(INDICATE AGENCY)
Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity):				
	SPOUSE	Actint		
	DEPENDENT C	HILD 1		
		2		
		3		
In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity.				

Austin, Texas 78711-2070

(512) 463-5800

SOURCES OF OCCU	PATIONAL INCOME	PART <b>1A</b>		
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.			
<sup>1</sup> INFORMATION RELATES TO		NT CHILD		
<sup>2</sup> EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION 60/c & POWELL 400 W. 15 th Ste. 304 Austin, Ty 78701	HELD		
	NATURE OF OCCUPATION			
INFORMATION RELATES TO		NT CHILD		
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION Lo IP & POWell 400 W. 15 th ste 304 Austin TX 73701	HELD		
	NATURE OF OCCUPATION			
INFORMATION RELATES TO		NT CHILD		
	NAME AND ADDRESS OF EMPLOYER / POSITION	HELD .		
SELF-EMPLOYED	NATURE OF OCCUPATION	· · · · · · · · · · · · · · · · · · ·		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Revised 12/15/2006

PART 1B

# RETAINERS

NOTAPPLICABLE

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> FEE RECEIVED FROM	NAME AND ADDRESS	
· · · · · ·		
2 FEE RECEIVED BY	NAME OF BUSINESS	
	I FILER OR FILER'S BUSINESS	
	OR CHILD'S BUSINESS	
<sup>3</sup> FEE AMOUNT	☐ LESS THAN \$5,000  ☐ \$5,000\$9,999  ☐ \$10,000\$24,999  ☐ \$25,000OR MORE	
FEE RECEIVED FROM	NAME AND ADDRESS	
FEE RECEIVED BY	NAME OF BUSINESS	
	I FILER OR FILER'S BUSINESS	
	OR SPOUSE'S BUSINESS	
	DEPENDENT CHILD OR CHILD'S BUSINESS	
FEE AMOUNT	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY		

STOCK

Austin, Texas 78711-2070

NOTAPPLICABLE

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.

<sup>1</sup> BUSINESS ENTITY			NA	AME	
<sup>2</sup> STOCK HELD OR ACQUIRED BY					_D
<sup>3</sup> NUMBER OF SHARES		LESS THAN 100	100 TO 499	🗌 500 TO 999	1,000 TO 4,999
		☐ 5,000 TO 9,999	10,000 OR MORE		
4 IF SOLD		LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
BUSINESS ENTITY		· · ·	NA NA	ME	
STOCK HELD OR	ACQUIRED BY				_D
NUMBER OF SHA	ARES	LESS THAN 100	100 TO 499	🗍 500 TO 999	🗌 1,000 TO 4,999
		🔲 5,000 TO 9,999	10,000 OR MORE		
IF SOLD		LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000\$24,999</b>	\$25,000OR MORE
BUSINESS ENTIT	Υ		NA	ME	•
STOCK HELD OR	ACQUIRED BY				D
NUMBER OF SHA	ARES	LESS THAN 100	100 TO 499	🗌 500 TO 999	1,000 TO 4,999
		🔲 5,000 ТО 9,999	10,000 OR MORE		
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
				· · ·	
BUSINESS ENTIT	Ŷ		NA	ME	
STOCK HELD OR ACQUIRED BY					.D
NUMBER OF SHA	ARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		🗌 5,000 TO 9,999	10,000 OR MORE		
IF SOLD		LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
BUSINESS ENTITY			NAME		
STOCK HELD OR ACQUIRED BY			SPOUSE		.D
NUMBER OF SHARES		LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		🗌 5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Austin, Texas 78711-2070

.

BONDS, NOTES & C	OTHER COMMERCIAL PAPER     PART 3
	ommercial paper held or acquired by you, your spouse, or a dependent child during the he category of the amount of the net gain or loss realized from the sale. For more TRUCTION GUIDE.
	ut a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.
1 DESCRIPTION OF INSTRUMENT	
<sup>2</sup> HELD OR ACQUIRED BY	
<sup>3</sup> IF SOLD	
	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	
IF SOLD	
	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 \$25,000OR MORE
NET LOSS	· · · · · · · · · · · · · · · · · · ·
COPY /	AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 12/15/2006

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-20	070 (512) 463-5800	1-800-325-8506	
MUTUAL FUNDS				PART <b>4</b>	
NOTAPPLICABLE					
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, <i>see</i> FORM PFSINSTRUCTION GUIDE.					
When reporting information providing the number under w			e child about whom you	are reporting by	
1 MUTUAL FUND	, Dell	Inc	NAME		
MorgAN STAN		Grow th			
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE			
3 NUMBER OF SHARES	LESS THA	AN 100 🗌 100 TO 499	🕒 500 ТО 999	1,000 TO 4,999	
OF MUTUAL FUND	🗌 5,000 ТО	9,999 🗌 10,000 OR MC	DRE		
4 IF SOLD INET G	LESS TH	an \$5,000 🔲 \$5,000\$9,999	9 🗌 \$10,000\$24,999 📋	\$25,000OR MORE	
MUTUAL FUND Americ and Funds	Eurospe New Per Brow th	E GOW H ; Sind spictive : Funda Fund & Amarica : B	HAME UI Cap World Fand; mentes I Inchestors: 1 Bond Fund of Amer	Cap. tal bissof no Co of America , Ca	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Filer	SPOUSE			
NUMBER OF SHARES	LESS THA	N 100	🗍 500 TO 999	1,000 TO 4,999	
OF MUTUAL FUND	5,000 TO	9,999 🗌 10,000 OR MO	RE		
	LESS THA	N \$5,000	\$10,000\$24,999	\$25,000OR MORE	
MUTUAL FUND AMENCAN Fands	Captal I Cash man	ncome Builder " nagment Trast	IAME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FileR				
	LESS THA	N 100 🗌 100 TO 499	🗌 500 TO 999	1,000 TO 4,999	
OF MUTUAL FUND	5,000 TO 9	9,999 🗌 10,000 OR MO	RE		
	LESS THA	N \$5,000 🗌 \$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Austin,	Texas	78711-2070
---------	-------	------------

	MUTUAL FUNDS			PART 4		
List each mutual fund and the number acquired during the calendar year an some or all of the shares of a mutual fu from the sale. For more information, s	d indicate the category und were sold, also indic ee FORM PFSINSTF	of the number of s cate the category of NUCTION GUIDE.	shares of mutual fun of the amount of the n	ds held or acquired. If let gain or loss realized		
When reporting information about a providing the number under which the			e child about whom	you are reporting by		
1 MUTUAL FUND ABD Retrement Fund	Intermediate D Laive Cap Grow Midlap Grow th	And Fund: N the Fund: Ind Fund; Smol	ME Belance Fund 1 x Equity Fund 1 Cap Equit 4	t, Large Cap Valye, 1. Mid Cap Frend, Fund; International		
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	MAFLER	SPOUSE -				
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	☐ 1,000 TO 4,999		
IF SOLD     □ NET GAIN     □ NET LOSS	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	<b>\$10,000\$24,999</b>	☐ \$25,000OR MORE		
MUTUAL FUND ABA Retrement Fund	Large Cap Eg Balanced Fund - Ind ME guity Fun Smeli Cap Eguity	u. H Fund: No Large Cap Volu I mod Cap va Fund Toter	ME Intermedian 11, Eguty Find: 140 ford ! Vn ich National Egy: 44 H	te Bond Fund: large Coplie with Find ap folug Equity Fun int Colomth		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY						
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	<u></u> 500 ТО 999 ПЕ	1,000 TO 4,999		
		— 10,000 OR MOF		☐ 1,000 TO 4,999 ☐ \$25,000OR MORE		
OF MUTUAL FUND	☐ 5,000 TO 9,999	☐ 10,000 OR MOF	λΕ			
OF MUTUAL FUND	☐ 5,000 TO 9,999	☐ 10,000 OR MOF	RE			
OF MUTUAL FUND	5,000 TO 9,999	☐ 10,000 OR MOF ☐ \$5,000\$9,999 NA	IE         Image: state sta			

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5					
List each source of income you, your spouse, or a dependent child received <i>in excess of \$500</i> that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, <i>see</i> FORM PFSINSTRUCTION GUIDE.					
When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.					
<sup>1</sup> SOURCE OF INCOME	NAME AND ADDRESS				
	· .				
<sup>2</sup> RECEIVED BY					
<sup>3</sup> AMOUNT	\$500\$4,999	<b>\$5,000\$9,999</b>	S10,000\$24,999 \$25,000OR MORE		
SOURCE OF INCOME	NAME AND ADDRESS				
	×		·		
RECEIVED BY		SPOUSE	DEPENDENT CHILD		
AMOUNT	5500\$4,999	\$5,000\$9,999	S10,000\$24,999 S25,000OR MORE		
SOURCE OF INCOME	SOURCE OF INCOME		DADDRESS		
RECEIVED BY		SPOUSE			
AMOUNT	<b>\$500\$4,999</b>	☐ \$5,000\$9,999	□ \$10,000\$24,999 □ \$25,000OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Austin, Texas 78711-2070

(512) 463-5800

### PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

NOTAPPLICABLE

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM 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.

<sup>1</sup> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
<sup>2</sup> LIABILITY OF			
<sup>3</sup> GUARANTOR			
4 AMOUNT	<b>\$1,000\$4,999</b>	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF			
~			
GUARANTOR			
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF			
GUARANTOR			
AMOUNT	<b>\$1,000\$4,999</b>	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

Revised 12/15/2006

#### 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.

<sup>1</sup> HELD OR ACQUIRED BY	
2 STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 4101 Wildwood Austin, TX 78722
<sup>3</sup> DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Single family residence on three lots in Austin TX
A NAMES OF PERSONS RETAINING AN INTEREST	Kevin Cole Gheryl Cole
5 IF SOLD NET GAIN	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE
HELD OR ACQUIRED BY	
TILED OF ACQUITED DT	
	4304 Parkwood Austin Tx 78722
STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 4304 Parkwood Aushin TX 78723 NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS	4304 Parkwood Austin TX 78723 NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Single family residen of

(512) 463-5800

#### **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.

<sup>1</sup> HELD OR ACQUIRED BY	FILER		
STREET ADDRESS	106 0	STREET ADDRESS, INCLUD	ING CITY, COUNTY, AND STATE
<sup>3</sup> DESCRIPTION	Single	NUMBER OF LOTS OR ACRES AND family 123	NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST	Kevin Sherg	1 Cole	
5 IF SOLD INET GAIN INET LOSS		N \$5,000 🔲 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
HELD OR ACQUIRED BY	FILER		
STREET ADDRESS	9409	MEALDOW Kg	ING CITY, COUNTY, AND STATE
·		· · ·	
	Fingle		
NOT AVAILABLE  DESCRIPTION  LOTS  ACRES  NAMES OF PERSONS RETAINING AN INTEREST  NOT APPLICABLE	Fingle	NUMBER OF LOTS OR ACRES AND Lam, 14 105,10 Cole Cole	NAME OF COUNTY WHERE LOCATED

#### 1-800-325-8506

#### 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.

<sup>1</sup> HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD
2 STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 3217 Crown & Ver
<sup>3</sup> DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Singly family residence
A NAMES OF PERSONS RETAINING AN INTEREST	Kevine Colp Sheryl Cole
5 IF SOLD INET GAIN INET LOSS	☐ LESS THAN \$5,000
HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD
·	
STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 11409 Polly QR9
	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 11409 Polid QR9 NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NOT AVAILABLE  DESCRIPTION LOTS ACRES  NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Single Camily (County WHERE LOCATED)

Austin,	Texas	78711-2070

1-800-325-8506

#### 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	
2 STREET ADDRESS	5700	Paipte Sage	NG CITY, COUNTY, AND STATE
3 DESCRIPTION	VAcan	NUMBER OF LOTS OR ACRES AND + Lo+	NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST	Kevin C Gheryl	Cole	
5 IF SOLD INET GAIN INET LOSS	LESS THA	NN \$5,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
HELD OR ACQUIRED BY	FILER	C. SPOUSE	
· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS	7200	STREET ADDRESS, INCLUDI Inspiration	NG CITY, COUNTY, AND STATE
			NG CITY, COUNTY, AND STATE
DESCRIPTION		NUMBER OF LOTS OR ACRES AND	
NOT AVAILABLE DESCRIPTION LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE	VACAN Kev.n Sheryl	NUMBER OF LOTS OR ACRES AND L 20 + Cole Lole	

(512) 463-5800

1-800-325-8506

#### 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.

<sup>1</sup> HELD OR ACQUIRED BY	FILER		DEPENDENT CHILD
2 STREET ADDRESS	5764 Pa	STREET ADDRESS, INCLUDI	ING CITY, COUNTY, AND STATE
3 DESCRIPTION	Vacant		NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Kevin Sheryl	Cole Cole	
5 IF SOLD INET GAIN INET LOSS	LESS THAN \$5	,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
HELD OR ACQUIRED BY			
STREET ADDRESS	1605 A.	STREET ADDRESS, INCLUDI	NG CITY, COUNTY, AND STATE
DESCRIPTION	single + Henry Ne	NUMBER OF LOTS OR ACRES AND Cam: 14 165; Ison (father	NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST	Kevin Shery1	Colo Cole	
IF SOLD INET GAIN INET LOSS	LESS THAN \$5	,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE

Austin, Texa	as 78	711	-2070
--------------	-------	-----	-------

#### 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.

<sup>1</sup> HELD OR ACQUIRED BY			
STREET ADDRESS	SEE H	street address, includi HAChed	NG CITY, COUNTY, AND STATE
<sup>3</sup> DESCRIPTION LOTS ACRES	VAcant		NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST	Kevin Sheryl	Cole	
5 IF SOLD INET GAIN INET LOSS	LESS THAN \$	5,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999
HELD OR ACQUIRED BY			DEPENDENT CHILD
STREET ADDRESS		STREET ADDRESS, INCLUD	NG CITY, COUNTY, AND STATE
DESCRIPTION LOTS ACRES		NUMBER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST			
SEVERED MINERAL INTEREST)			
	LESS THAN \$	5,000 🗍 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE

Travis Search Results

### Page 1 of 3

### **Travis Search Results**

There were	e 111 matches:		<b>Displaying Recor</b>	ds 1 - 100
Property ID	Ref ID 2	<b>Owner Name</b>	Address	Value
219558	02212907030000	COLE KEVIN W &	5700 PURPLE SAGE DR	5,000.00
219579	02212907240000	COLE KEVIN W &	7200 INSPIRATION DR	5,000.00
425977	02253002010000	COLE KEVIN W &	7710 LAZY CREEK DR	1,500.00
425978	02253002020000	COLE KEVIN W &	7708 LAZY CREEK DR	1,500.00
425980	02253003020000	COLE KEVIN W &	W 7711 CRYSTALBROOK	1,500.00
425981	02253003030000	COLE KEVIN W &	W 7713 CRYSTALBROOK	1,500.00
425982	02253003040000	COLE KEVIN W &	W 7715 CRYSTALBROOK	1,500.00
425983	02253003050000	COLE KEVIN W &	W 7717 CRYSTALBROOK	1,500.00
442230	02253002030000	COLE KEVIN W &	7706 LAZY CREEK DR	1,500.00
442231	02253002040000	COLE KEVIN W &	7704 LAZY CREEK DR	1,500.00
442232	02253002050000	COLE KEVIN W &	7702 LAZY CREEK DR	1,500.00
442233	02253002060000	COLE KEVIN W &	7700 LAZY CREEK DR	1,500.00
442239	02253003110000	COLE KEVIN W &	W 7701 CRYSTALBROOK	1,500.00
442240	02253003120000	COLE KEVIN W &	W 7703 CRYSTALBROOK	1,500.00
442241	02253003130000	COLE KEVIN W &	W 7705 CRYSTALBROOK	1,500.00
442242	02253003140000	COLE KEVIN W &	W 7707 CRYSTALBROOK	1,500.00
442244	02253004020000	COLE KEVIN W &	7516 LAZY CREEK DR	750.00
442245	02253004030000	COLE KEVIN W &	7514 LAZY CREEK DR	750.00
442246	02253004040000	COLE KEVIN W &	7512 LAZY CREEK DR	750.00
442247	02253004050000	COLE KEVIN W &	7510 LAZY CREEK DR	750.00
442248	02253004060000	COLE KEVIN W &	7508 LAZY CREEK DR	750.00
442249	02253004070000	COLE KEVIN W &	7506 LAZY CREEK DR	750.00
442250	02253004080000	COLE KEVIN W &	7504 LAZY CREEK DR	750.00
442251	02253004090000	COLE KEVIN W &	7502 LAZY CREEK DR	750.00
442254	02253005020000	COLE KEVIN W &	7503 LAZY CREEK DR	1,500.00
442255	02253005030000	COLE KEVIN W &	7505 LAZY CREEK DR	1,500.00
442256	02253005040000	COLE KEVIN W &	7507 LAZY CREEK DR	1,500.00
442257	02253005050000	COLE KEVIN W &	7509 LAZY CREEK DR	1,500.00
442258	02253005060000	COLE KEVIN W &	7511 LAZY CREEK DR	1,500.00
442259	02253005070000	COLE KEVIN W &	7513 LAZY CREEK DR	1,500.00
442260	02253005080000	COLE KEVIN W &	7515 LAZY CREEK DR	1,500.00
442261	02253005090000	COLE KEVIN W &	7517 LAZY CREEK DR	1,500.00
442262	02253005100000	COLE KEVIN W &	7519 LAZY CREEK DR	1,500.00
442263	02253005110000	COLE KEVIN W &	7601 LAZY CREEK DR	1,500.00
442264	02253005120000	COLE KEVIN W &	7603 LAZY CREEK DR	1,500.00
442265	02253005130000	COLE KEVIN W &	7605 LAZY CREEK DR	1,500.00
442266	02253005140000	COLE KEVIN W &	7607 LAZY CREEK DR	1,500.00

.....

Travis Search Results

Ĉ

٩.

:

442267	02253005150000	COLE KEVIN W &	7609 LAZY CREEK DR	1,500.00
442268	02253005160000	COLE KEVIN W &	7611 LAZY CREEK DR	1,500.00
442269	02253005170000	COLE KEVIN W &	7613 LAZY CREEK DR	1,500.00
442270	02253005180000	COLE KEVIN W &	7701 LAZY CREEK DR	1,500.00
442271	02253005190000	COLE KEVIN W &	7703 LAZY CREEK DR	1,500.00
442272	02253005200000	COLE KEVIN W &	7705 LAZY CREEK DR	1,500.00
442273	02253005210000	COLE KEVIN W &	7707 LAZY CREEK DR	1,500.00
442274	02253005220000	COLE KEVIN W &	7709 LAZY CREEK DR	1,500.00
442275	02253005230000	COLE KEVIN W &	7711 LAZY CREEK DR	1,500.00
442276	02253005240000	COLE KEVIN W &	7632 RIO PASS	1,500.00
442277	02253005250000	COLE KEVIN W &	7630 RIO PASS	1,500.00
442278	02253005260000	COLE KEVIN W &	7628 RIO PASS	1,500.00
442279	02253005270000	COLE KEVIN W &	7626 RIO PASS	1,500.00
442280	02253005280000	COLE KEVIN W &	7624 RIO PASS	1,500.00
442281	02253005290000	COLE KEVIN W &	7622 RIO PASS	1,500.00
442282	02253005300000	COLE KEVIN W &	7620 RIO PASS	1,500.00
442283	02253005310000	COLE KEVIN W &	7618 RIO PASS	1,500.00
442284	02253005320000	COLE KEVIN W &	7616 RIO PASS	1,500.00
442285	02253005330000	COLE KEVIN W &	7614 RIO PASS	1,500.00
442286	02253005340000	COLE KEVIN W &	7608 RIO PASS	1,500.00
442287	02253005350000	COLE KEVIN W &	7610 RIO PASS	1,500.00
442288	02253005360000	COLE KEVIN W &	7608 RIO PASS	1,500.00
442289	02253005370000	COLE KEVIN W &	7606 RIO PASS	1,500.00
442290	02253005380000	COLE KEVIN W &	7604 RIO PASS	1,500.00
442291	02253005390000	COLE KEVIN W &	7602 RIO PASS	1,500.00
442292	02253005400000	COLE KEVIN W &	7600 RIO PASS	1,500.00
442293	02253005410000	COLE KEVIN W &	7526 RIO PASS	1,500.00
442294	02253005420000	COLE KEVIN W &	7524 RIO PASS	1,500.00
442295	02253005430000	COLE KEVIN W &	7522 RIO PASS	1,500.00
442296	02253005440000	COLE KEVIN W &	7520 RIO PASS	1,500.00
442297	02253005450000	COLE KEVIN W &	7518 RIO PASS	1,500.00
442298	02253005460000	COLE KEVIN W &	7516 RIO PASS	1,500.00
442299	02253005470000	COLE KEVIN W &	7514 RIO PASS	1,500.00
442300	02253005480000	COLE KEVIN W &	7512 RIO PASS	1,500.00
442301	02253005490000	COLE KEVIN W &	7510 RIO PASS	1,500.00
442302	02253005500000	COLE KEVIN W &	7508 RIO PASS	1,500.00
442303	02253005510000	COLE KEVIN W &	7506 RIO PASS	1,500.00
442304	02253005520000	COLE KEVIN W &	7504 RIO PASS	1,500.00
442305	02253005530000	COLE KEVIN W &	7502 RIO PASS	1,500.00
442308	02253006020000	COLE KEVIN W &	7503 RIO PASS	1,500.00
442309	02253006030000	COLE KEVIN W &	7505 RIO PASS	1,500.00

442310	02253006040000	COLE KEVIN W &	7507 RIO PASS	1,500.00
442311	02253006050000	COLE KEVIN W &	7509 RIO PASS	1,500.00
442312	02253006060000	COLE KEVIN W &	7511 RIO PASS	1,500.00
442313	02253006070000	COLE KEVIN W &	7513 RIO PASS	1,500.00
442314	02253006080000	COLE KEVIN W &	7515 RIO PASS	1,500.00
442315	02253006090000	COLE KEVIN W &	7517 RIO PASS	1,500.00
442316	02253006100000	COLE KEVIN W &	7519 RIO PASS	1,500.00
442317	02253006110000	COLE KEVIN W &	7521 RIO PASS	1,500.00
442318	02253006120000	COLE KEVIN W &	7523 RIO PASS	1,500.00
442319	02253006130000	COLE KEVIN W &	7601 RIO PASS	1,500.00
442320	02253006140000	COLE KEVIN W &	7603 RIO PASS	1,500.00
442321	02253006150000	COLE KEVIN W &	7605 RIO PASS	1,500.00
442322	02253006160000	COLE KEVIN W &	7607 RIO PASS	1,500.00
442323	02253006170000	COLE KEVIN W &	7609 RIO PASS	1,500.00
442324	02253006180000	COLE KEVIN W &	7611 RIO PASS	1,500.00
442325	02253006190000	COLE KEVIN W &	7613 RIO PASS	1,500.00
442326	02253006200000	COLE KEVIN W &	7615 RIO PASS	1,500.00
442327	02253006210000	COLE KEVIN W &	7617 RIO PASS	1,500.00
442328	02253006220000	COLE KEVIN W &	7608 URAY DR	1,500.00
442329	02253006230000	COLE KEVIN W &	7606 URAY DR	1,500.00
442330	02253006240000	COLE KEVIN W &	7602 URAY DR	1,500.00
442354	02253007110000	COLE KEVIN W &	7603 URAY DR	1,500.00

Next

Travis Search Results

#### Page 1 of 1

### **Travis Search Results**

#### There were 111 matches:

### Displaying Records 101 - 111

Property ID	Ref ID 2	Owner Name	Address	Value
442355	02253007120000	COLE KEVIN W &	7605 URAY DR	1,500.00
442356	02253007130000	COLE KEVIN W &	7607 URAY DR	1,500.00
442357	02253007140000	COLE KEVIN W &	7609 URAY DR	1,500.00
442358	02253007150000	COLE KEVIN W &	7611 URAY DR	1,500.00
442359	02253007160000	COLE KEVIN W &	7613 URAY DR	1,500.00
442360	02253007170000	COLE KEVIN W &	7623 RIO PASS	1,500.00
442361	02253007180000	COLE KEVIN W &	7625 RIO PASS	1,500.00
442362	02253007190000	COLE KEVIN W &	7627 RIO PASS	1,500.00
442363	02253007200000	COLE KEVIN W &	W 7700 CRYSTALBROOK	750.00
442364	02253007210000	COLE KEVIN W &	W 7626 CRYSTALBROOK	750.00

(512) 463-5800

#### 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.

<sup>1</sup> HELD OR ACQUIRED BY		SPOUSE		
<sup>2</sup> DESCRIPTION	Cole i i (Law)	Powell, pra. A Firm)	DADDRESS Lessional Corporation	
<sup>3</sup> IF SOLD	LESS THAN S	\$5,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999	
HELD OR ACQUIRED BY			DEPENDENT CHILD	
DESCRIPTION		NAME AN	DADDRESS	
IF SOLD	LESS THAN \$	\$5,000 🗌 \$5,000\$9,999	□ \$10,000\$24,999 □ \$25,000OR MORE	
HELD OR ACQUIRED BY				
DESCRIPTION		NAME ANI	D ADDRESS	
IF SOLD	LESS THAN \$	5,000 🗌 \$5,000\$9,999	□ \$10,000\$24,999 □ \$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

P.O. Box 12070

PART 8

## GIFTS

NOTAPPLICABLE

Identify any person or organization that has given a gift *worth more than \$250* to you, your spouse, or a dependent child, and describe the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> DONOR		NAME AN	ND ADDRESS
<sup>2</sup> RECIPIENT			DEPENDENT CHILD
3 DESCRIPTION OF GIFT			· · · ·
DONOR		NAME AN	ND ADDRESS
RECIPIENT			
DESCRIPTION OF GIFT			
DONOR		NAME AN	ID ADDRESS
RECIPIENT			DEPENDENT CHILD
DESCRIPTION OF GIFT			
COPY A	ND ATTACH AC	DITIONAL PAGES AS	S NECESSARY

Texas Ethics Commission	P.O. Box 12070 Aust	in, Texas 78711-20	70 (512) 463-5800	1-800-325-8506
TRUST INCOME				PART 9
Identify each source of income category of the amount of incor <i>than \$500</i> in income, if the iden When reporting information a providing the number under wh	ne received. Also identify ea tity of the asset is known. Fo bout a dependent child's a	ach asset of the trus or more information activity, indicate the	st from which the benefician , <i>see</i> FORM PFSINSTRU	y received <i>more</i> ICTION GUIDE.
<sup>1</sup> SOURCE		NAME (	OF TRUST	
<sup>2</sup> BENEFICIARY				
<sup>3</sup> INCOME		\$5,000\$9,999	\$10,000\$24,999	25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED	)	-		
SOURCE		NAME	DF TRUST	
BENEFICIARY				
INCOME	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	\$10,000\$24,999 \$2	25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE		NAME C	OF TRUST	
BENEFICIARY				·
INCOME	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	□\$10,000\$24,999 □\$2	5,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
COP	Y AND ATTACH ADDITIC	DNAL PAGES AS	NECESSARY	

BLIND TRUSTS				PART <b>10</b> A
Identify each blind trust that con GUIDE.	mplies with section 572.023(	c) of the Governme	ent Code. See FORM PFS-	-INSTRUCTION
When reporting information a providing the number under whether the num			e child about whom you a	are reporting by
<sup>1</sup> NAME OF TRUST				
<sup>2</sup> TRUSTEE		NAME AN	ID ADDRESS	
<sup>3</sup> BENEFICIARY				
<sup>4</sup> FAIR MARKET VALUE	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	\$10,000\$24,999 \$	25,000OR MORE
<sup>5</sup> DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME AI	ND ADDRESS	
BENEFICIARY				
FAIR MARKET VALUE	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	S10,000\$24,999 S	25,000OR MORE
DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME AN	ID ADDRESS	
BENEFICIARY				
FAIR MARKET VALUE	LESS THAN \$5,000	<b>[]</b> \$5,000\$9,999	\$10,000\$24,999	25,000OR MORE
DATE CREATED			· · ·	

÷

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800 1-800-325-850
TRUSTÉE STATI	EMENT		PART 10B
NOTAPPLICABLE			
	stee of each blind trust l		Financial Statement must submit a section 572.023 of the Government
1 NAME OF TRUST			
2 TRUSTEE NAME			
B FILER ON WHOSE BEHALF STATEMENT IS BEING FILED		NAME	
TRUSTEE STATEMENT	trust except informati	on that may be disclosed under sec	any information to the beneficiary of this tion 572.023 (b)(8) of the Government complies with section 572.023 of the
		Trustee S	Signature
§ 572.023. Contents of Fin	ancial Statement in G	eneral	
(b) The account of financial			
than a blind trust tha	t complies with Subsect		ceived as beneficiary of a trust, other ust asset, if known to the beneficiary,
(14) identification o	f each blind trust that co	mplies with Subsection (c), includ	ling:
(A) the cate	gory of the fair market v	alue of the trust;	
(B) the date	the trust was created;		· .
(C) the nam	e and address of the tru	istee; and	
(D) a staten	nent signed by the truste	ee, under penalty of perjury, statin	g that:
	ustee has not revealed a Subdivision (8); and	ny information to the individual, exc	ept information that may be disclosed
(ii) to th	e best of the trustee's k	nowledge, the trust complies with	this section.
c) For purposes of Subsect	ions (b)(8) and (14), a b	lind trust is a trust as to which:	
(1) the trustee:			
(A) is a disi	nterested party;		
(B) is not the	e individual;		
(C) is not re	quired to register as a lo	bbyist under Chapter 305;	
(D) is not a	public officer or public e	mployee; and	
(E) was not supervises;		e by the individual or by a public offi	icer or public employee the individual
	complete discretion to n ulting or notifying the inc		ower to dispose of and acquire trust
	s most recent financial st	atement, disclosing the date of revo	ubchapter, the individual must file an ocation and the previously unreported .

.

PART 11A

#### **ASSETS OF BUSINESS ASSOCIATIONS**

NOTAPPLICABLE

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

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> BUSINESS ASSOCIATION	NAME AND ADDRESS				
<sup>2</sup> BUSINESS TYPE					
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY				CHILD	
<sup>4</sup> ASSETS	DI 	ESCRIPTION	CATEC	30RY ☐ \$5,000\$9,999 ☐ \$25,000OR MORE	
			LESS THAN \$5,000	<pre>\$5,000\$9,999 \$25,000OR MORE \$25,000OR MORE</pre>	
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE	
		· · · · · · · · · · · · · · · · · ·	LESS THAN \$5,000	□ \$5,000\$9,999 □ \$25,000OR MORE	
			LESS THAN \$5,000	□ \$5,000\$9,999 □ \$25,000OR MORE	
	· <i>· ·</i> · · · · <u>·</u> · · · · ·		LESS THAN \$5,000	□ \$5,000\$9,999 □ \$25,000OR MORE	
			LESS THAN \$5,000	□ \$5,000\$9,999 □ \$25,000OR MORE	
			│	□ \$5,000\$9,999 □ \$25,000OR MORE	
C	OPY AND ATTAC	H ADDITIONAL PAGES	AS NECESSARY		

÷

LIABILITIES O	F	<b>BUSINESS ASSOCIATIONS</b>	PART 11	В				
NOTAPPLICABLE								
corporation, profession dent child held, acquire of the assets. For more When reporting inform	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, <i>see</i> FORM PFSINSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.							
<sup>1</sup> BUSINESS ASSOCIATION		NAME AND	ADDRESS					
<sup>2</sup> BUSINESS TYPE								
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY			DEPENDENT CHILD					
<sup>4</sup> LIABILITIES		DESCRIPTION	CATEGORY	٩E 				
			LESS THAN \$5,000 \$5,000\$9,999	ЯE				
			│	ЯE 				
			LESS THAN \$5,000 \$5,000\$9,999	₹E				
			│	₹Е				
			│ │	۲E				
			LESS THAN \$5,000 🗌 \$5,000\$9,999	ŧE				
		· · ·	LESS THAN \$5,000 🗌 \$5,000\$9,999	۱E				
,	C	OPY AND ATTACH ADDITIONAL PAGES	AS NECESSARY					

#### **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.

<sup>1</sup> ORGANIZATION	United	Way		
<sup>2</sup> POSITION HELD	Board	Member Member		
<sup>3</sup> POSITION HELD BY				
ORGANIZATION				
POSITION HELD				
POSITION HELD BY			DEPENDENT CHILD	
ORGANIZATION				
POSITION HELD				
POSITION HELD BY				
ORGANIZATION		<del>_</del>	· · · · · · · · · · · · · · · · · · ·	
POSITION HELD				
POSITION HELD BY				
ORGANIZATION				
POSITION HELD				
POSITION HELD BY			DEPENDENT CHILD	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

1-800-325-8506

	ED UNDER HONORARIUM EXCEPTION PART 13
NOTAPPLICABLE	
of the Penal Code, in connection wi audience or participating in a semi transportation, meals, or lodging. Y on a campaign finance report, or ex	bu with necessary transportation, meals, or lodging, as permitted under section 36.07(b) th 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 fou are not required to include items you have already reported as political contributions spenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the mation, <i>see</i> FORM PFSINSTRUCTION GUIDE.
PROVIDER	NAME AND ADDRESS
<sup>2</sup> AMOUNT	
·	
PROVIDER	NAME AND ADDRESS
FNOVIDEN	
AMOUNT	
	NAME AND ADDRESS
PROVIDER	
AMOUNT	
PROVIDER	NAME AND ADDRESS
FNUVIDEN	
AMOUNT	
	ND ATTACH ADDITIONAL PAGES AS NECESSARY
COPY A	ATTACT ADDITIONAL FACES AS NECESSATI

٦

<b>INTEREST IN BUSIN</b>	ESS IN COM		070 (512) 463-5800	PART
Identify each corporation, firm, partr sional association, joint venture, or spouse, or a dependent child, and a an interest. For more information, so	r other business ass person registered as	ociation, other than a a lobbyist under chapte	publicly-held corporation, i	n which you,
<sup>1</sup> BUSINESSENTITY VACANT LOTS Cole Ventures	5700 Pu 1200 Ins 5704 Pu	NAME /	ND ADDRESS	
<sup>2</sup> INTEREST HELD BY	FILER	SPOUSE		
BUSINESS ENTITY		NAME A	ND ADDRESS	
INTEREȘT HELD BY	FILER	SPOUSE		
BUSINESS ENTITY		NAME A	ND ADDRESS	
INTEREST HELD BY	Filer			
BUSINESS ENTITY		NAME A	ND ADDRESS	
INTEREST HELD BY	[] FILER			
BUSINESS ENTITY			ND ADDRESS	
INTEREST HELD BY				

FEES/RECEIVED FOI		ENDERED	70 (512) 463-	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, <i>see</i> FORM PFSINSTRUCTION GUIDE.							
<sup>1</sup> PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
<sup>2</sup> FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000\$24,999</b>	\$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	S25,000OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED							
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000\$24,999</b>	S25,000OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	· · · · · · · · · · · · · · · · · · ·						
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE			
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED			· · · · · · · · · · · · · · · · · · ·				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY							

Austin, Texas 78711-2070

#### 1-800-325-8506

# REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

This section applies only to members of the Texas Legislature. Amember 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.

<sup>1</sup> STATE AGENCY					
<sup>2</sup> PERSON REPRESENTED					
<sup>3</sup> FEE CATEGORY	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	<b>\$10,000\$24,999</b>	\$25,000OR MORE	
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	<b>\$5,000\$9,999</b>	<b>\$10,000\$24,999</b>	\$25,000OR MORE	
STATE AGENCY			<u> </u>		
PERSON REPRESENTED					
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Austin, Texas 78711-2070

PART 17

#### BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

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	NAME AND ADDRESS					
SOURCE OF BENEFIT						
BENEFIT						
	NAME AND ADDRESS					
SOURCE OF BENEFIT						
BENEFIT						
	NAME AND ADDRESS					
SOURCE OF BENEFIT						
BENEFIT						
SOURCE OF BENEFIT	NAME AND ADDRESS					
BENEFIT						
C	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

(512) 463-5800

#### 1-800-325-8506

PART 18

#### LEGIȘLATIVE CONTINUANCES

Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.

COPY A	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					
WAS CONTINUANCE GRANTED?	VES	` □ №	· · · ·			
DATE OF CONTINUANCE APPLICATION						
STYLE, CAUSE NUMBER, COURT, & JURISDICTION						
DATE RETAINED				-		
NAME OF PARTY REPRESENTED						
<sup>5</sup> WAS CONTINUANCE GRANTED?	YES .					
4 DATE OF CONTINUANCE APPLICATION						
<sup>3</sup> STYLE, CAUSE NUMBER, COURT & JURISDICTION						
<sup>2</sup> DATE RETAINED						
<sup>1</sup> NAME OF PARTY REPRESENTED						

#### 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, that my financial statement is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Mens n

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sherry / W.Cole this the 244 day of April 20 67, to certify which, witness my hand and seal of office.

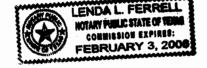
enda L.Ferrell Jubic NILO

Signature of officer administering oath

.

Print name of officer administering oath

Title of officer administering bath



ź

PERSON	AL FINANCIAL STATEMENT	FORM <b>PFS</b> COVER SHEET
	n accordance with chapter 572 of the Government Code. hired in 2008, covering calendar year ending December 31, 2007.	TOTAL NUMBER OF PAGES FILED:
	MPFSINSTRUCTION GUIDE when completing this form.	ACCOUNT #
<sup>1</sup> NAME	TITLE: FIRST; MI Shery Cole Nickname; Last; SUFFIX	OFFICE USE ONLY Date Received
2 ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 4101 Wildwood Austri, Tx 78722	Receipt # 11 11 11 11 11 11 11 11 11 11 11 11 1
<sup>3</sup> TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (512) 419-15-39	Date Processed
4 REASON FOR FILING STATEMENT	CANDIDATE ELECTED OFFICER APPOINTED OFFICER EXECUTIVE HEAD FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR OTHER	(INDICATE AGENCY)
dependent children i	hose financial activity you are reporting (filer must report information about the if the filer had actual control over that activity):	financial activity of the filer's spouse or
SPOUSE	······································	
DEPENDENT CI	HILD 1	
	2	×
	3	
required to disclose over that person's fir	8, you will disclose your financial activity during the preceding calendar not only your own financial activity, but also that of your spouse or a depenancial activity. COPY AND ATTACH ADDITIONAL PAGES AS NI	endent child if you had actual control

on

Austin, Texas 78711-2070

(512) 463-5800

SOURCES OF OCCU	PATIONAL INCOME PART 1A					
	t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.					
<sup>1</sup> INFORMATION RELATES TO						
<sup>2</sup> EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER/POSITION HELD (Check If Filer's Home Address) LO 12 E POWELL 400 W. 15 th Ste. 304 Austin Tx 79701					
	NATURE OF OCCUPATION					
INFORMATION RELATES TO	FILER SPOUSE DEPENDENT CHILD					
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD					
EMPLOYED BY ANOTHER	Cole & Powell 400 W. 15th Ste. 304 Austin, TX 18701					
	NATURE OF OCCUPATION					
INFORMATION RELATES TO						
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD (Check If Filer's Home Address)					
EMPLOYED BY ANOTHER						
SELF-EMPLOYED						
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY					

Texas Ethics Commission P.C	D. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506
RETAINERS				PART 1B
				<u>.</u>
This section concerns fees receive your spouse, or a dependent child services on a matter specified at th the work actually performed during see FORM PFSINSTRUCTION C	have a "substanti he time of contract the calendar yea aUIDE.	al interest") for a claim on future se ting for or receiving the fee. Repor r did not equal or exceed the value	rvices in case of need rt information here on of the retainer. For m	l, rather than for ly if the value of ore information,
When reporting information about providing the number under which			about whom you a	re reporting by
<sup>1</sup> FEE RECEIVED FROM		NAME AND ADDRES	SS	
2 FEE RECEIVED BY		NAME OF BUSINE	ËSS	
	GR FILER	'S BUSINESS		
	SPOUSE OR SPOU	SE'S BUSINESS	•	
		INT CHILD I'S BUSINESS	-	
				·
<sup>3</sup> FEE AMOUNT		.N \$5,000 🗌 \$5,000\$9,999 🔲 \$1	10,000\$24,999 🔲 \$2	5,000OR MORE
FEE RECEIVED FROM		NAME AND ADDRES	SS	
FEE RECEIVED BY		NAME OF BUSINE	SS	
	FILER OR FILER	S BUSINESS		
	SPOUSE OR SPOU	SE'S BUSINESS	· · · · - · · · · · · · · · · · · · · ·	
		NT CHILD 'S BUSINESS		
FEE AMOUNT		N \$5,000 🗌 \$5,000\$9,999 🗌 \$1	0,000\$24,999 🗌 \$2	5,000OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 02/25/2008

. -

Texas Ethics Commiss	sion P.O. B	ox 12070 Austir	n, Texas 78711-207	70 (512) 463-	5800 1-800-325-8506	
стоск					PART 2	
NOTAPPLIC	ABLE					
and indicate the cat category of the ar	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, <i>see</i> FORM PFSINSTRUCTION GUIDE.					
When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.						
<sup>1</sup> BUSINESS ENTIT	Y		. N	AME		
<sup>2</sup> STOCK HELD OR	ACQUIRED BY				LD	
<sup>3</sup> NUMBER OF SHA	ARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999	
		 5,000 TO 9,999	10,000 OR MOR	E		
4 IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE	
BUSINESS ENTIT	Υ		N/	AME		
STOCK HELD OR	ACQUIRED BY				LD	
NUMBER OF SHA	ARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999	
		🔲 5,000 ТО 9,999	10,000 OR MOR	E		
IF SOLD		LESS THAN \$5,000	<b>\$5,000\$9,999</b>	\$10,000\$24,999	\$25,000OR MORE	
BUSINESS ENTIT	γ		NA	ME		
STOCK HELD OR	ACQUIRED BY		SPOUSE		LD	
NUMBER OF SHA	RES	LESS THAN 100	🗌 100 TO 499	🔲 500 ТО 999	[] 1,000 TO 4,999	
		5,000 TO 9,999	10,000 OR MORE			
IF SOLD	INET GAIN	LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000\$24,999</b>	S25,000OR MORE \$25,000OR MORE	
BUSINESS ENTIT	γ		NA	ME		
STOCK HELD OR	ACQUIRED BY		SPOUSE		_D	
NUMBER OF SHA	RES	LESS THAN 100	100 TO 499	500 TO 999	[] 1,000 TO 4,999	
		🔲 5,000 ТО 9,999	🗌 10,000 OR MOR	E		
IF SOLD	NET GAIN	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	\$10,000\$24,999	\$25,000OR MORE	
BUSINESS ENTIT	Y		NA	ME		
STOCK HELD OR	ACQUIRED BY				_D	
NUMBER OF SHA	RES	LESS THAN 100	100 TO 499	🔲 500 ТО 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	<b>\$10,000\$24,999</b>	S25,000OR MORE	
	COPY	AND ATTACH ADDITIO	NAL PAGES AS NEO	CESSARY		

.

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

(512) 463-5800

#### 1-800-325-8506

BONDS, NOTES & OTHER COMMERCIAL PAPER PART 3						
NOTAPPLICABLE						
List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, <i>see</i> FORM PFSINSTRUCTION GUIDE.						
When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.						
1 DESCRIPTION OF INSTRUMENT	· .					
<sup>2</sup> HELD OR ACQUIRED BY						
<sup>3</sup> IF SOLD						
	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE					
DESCRIPTION OF INSTRUMENT						
HELD OR ACQUIRED BY						
IF SOLD						
NET GAIN	☐ LESS THAN \$5,000					
DESCRIPTION OF INSTRUMENT						
HELD OR ACQUIRED BY						
IF SOLD						
NET GAIN	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

	Box 12070 Austi	n, Texas 78711-20	70 (512) 463-	
MUTUAL FUNDS				PART 4
List each mutual fund and the numb acquired during the calendar year a some or all of the shares of a mutual from the sale. For more information,	nd indicate the categor fund were sold, also ind	y of the number of icate the category of	shares of mutual fun	ds held or acquired. If
When reporting information about providing the number under which the			e child about whom	you are reporting by
American Funds	II "Bond Fund Browth; Funda Fund of America Small CAP W	A America " mentel Investi i Investment or Id A	AME CAPWLD GI = 1 CAPWLD CI = 1 CAPWLD GI = 1 CAPWLD CI = 1 C	NCA; Europocific nd of Amaics; Gau New Persptise
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		SPOUSE		LD
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
	5,000 TO 9,999	🔲 10,000 OR MOI	RE	
IF SOLD	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	<b>\$10,000\$24,999</b>	\$25,000OR MORE
MUTUAL FUND College America (American Funds)	American Fu American Fu	nds Cap In ines or Find by	AME Builder Amer.cg	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER			LD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999	[]] 1,000 TO 4,999
	🔲 5,000 ТО 9,999	10,000 OR MO	RE	
IF SOLD INET GAIN	LESS THAN \$5,000	<b></b>	L \$10,000\$24,999	S25,000OR MORE
MUTUAL FUND College Americg (American Funds	American Fui American Fui	ds Cap Inc " ads de Fund	AME AMENCG	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE		LD
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	RE	
IF SOLD	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	\$10,000\$24,999	S25,000OR MORE

•

P.O. Box 12070

Austin, Texas 78711-2070

1-800-325-8506

MUTUAL FUN	NDS				PART 4
	BLE				
acquired during the ca some or all of the shar	alendar year and es of a mutual fu	r of shares in that mutu l indicate the category nd were sold, also indic se FORM PFSINSTR	of the number of s ate the category o	hares of mutual fund	ds held or acquired. If
		dependent child's ac child is listed on the Co		child about whom	you are reporting by
1 MUTUAL FÜND Northwest-Mutu Weg 1th M9MTT	el 🔊	CADWARIC BONS; B BATI: Pavis Acu ) Hant Manaria Canaria Value Fund Class A Thomburg Volue	Vo Kerage Monit Pork Ventore: Pog 10: I Shares Ti Metropolitan ; Vanguard D	ME Martt : Colu e ! Cox : Dodge ! C Creen : Ishares Mast: Royec opp Revoloped market	in big Hearn ox Int 1: Ficklety R sip Keeley Small C orthan ty: SDPR Ind s: Vanguerd Index conciliant 1 Equity! Va
<sup>2</sup> SHARES OF MUTUAL HELD OR ACQUIRED		CAP, VAAJUAR Mid	SPOUSE		LD Morgan
3 NUMBER OF SHARES OF MUTUAL FUND	S .	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	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	\$10,000\$24,999	\$25,000OR MORE
MUTUAL FUND NW: Wea HA MA	ignet	AMER. Con Funds / Amer. Con Fords I Amer. Con Funds	nc Fill of Ame	ме У. <b>: СР</b> Н: У.Е.	
SHARES OF MUTUAL HELD OR ACQUIRED		FILER	SPOUSE		LD
NUMBER OF SHARES	5	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		🔲 5,000 to 9,999	10,000 OR MOR	E	
_	] NET GAIN ] NET LOSS	LESS THAN \$5,000	<b>\$</b> 5,000\$9,999	[] \$10,000\$24,999	\$25,000OR MORE
		" " Excert			
"MUTUAL FUND American Fund	ds"	New Econor Management	tic from the MA my ! New Pe Trust of Am	Me Fundamental - erspective : La er. Cq	Investors sh
SHARES OF MUTUAL HELD OR ACQUIRED	. FUND	Men Econor Management	C Growth ! Main Pe Trust of Am SPOUSE	Fundamental- Septe to be : Co Cg DEPENDENT CHI	sh
American tun	- FUND BY	FILER	my : N/ ew fe Trus f 4 Am ☐ SPOUSE ☐ 100 TO 499	☐ SPEE & VE / CO ☐ DEPENDENT CHII ☐ 500 TO 999	sh
American fund SHARES OF MUTUAL HELD OR ACQUIRED NUMBER OF SHARES	- FUND BY	Management FileR	Trust of Am	☐ SPEE & VE / CO ☐ DEPENDENT CHII ☐ 500 TO 999	LD
American fund SHARES OF MUTUAL HELD OR ACQUIRED NUMBER OF SHARES	- FUND BY	FILER	my : N/ ew fe Trus f 4 Am ☐ SPOUSE ☐ 100 TO 499	2 Spec & Ve / Co DEPENDENT CHI 500 TO 999	LD

Texas Ethics Commission	P.O. Box 12070	Austin,	Texas 78711-207	0 (512) 463-5	800 1-800-325-8506	
MUTUAL FUNDS					PART 4	
List each mutual fund and th acquired during the calendar some or all of the shares of a from the sale. For more infor	r year and indicate the mutual fund were sold	e category o 1, also indica	of the number of s ate the category of	hares of mutual fund	is held or acquired. If	
	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 International Deferred Compussion	Amer. Ca Interna	en Centu etional, d	14, Interna Offen hiemen	Libbal, Fu	h, Artisan nd A	
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER				D	
<sup>3</sup> NUMBER OF SHARES OF MUTUAL FUND	LESS TH	IAN 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 INET		IAN \$5.000	<b>[] \$5,000\$9,999</b>	\$10,000\$24,999	☐ \$25,000OR MORE	
MUTUAL FUND Small CAP (Poperred Campense to	n) Colum Stock;	bie A Index	Corn Fund	"2; Orey fus	Small Cap	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY					D	
NUMBER OF SHARES OF MUTUAL FUND	LESS TH		100 TO 499	500 TO 999	1,000 TO 4,999	
		IAN \$5,000	<b>[]</b> \$5,000\$9,999	<b>[]</b> \$10,000\$24,999	S25,000-OR MORE	
MUTUAL FUND Mid Cap (Offerna Campensa)		an Mic	d Cap Fund	АЕ		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY					.D	
NUMBER OF SHARES OF MUTUAL FUND		IAN 100	100 TO 499	500 TO 999	[] 1,000 TO 4,999	
	🗍 5,000 ТО	9,999	10,000 OR MORI	Ē		
	LESS TH	IAN \$5,000	[] \$5,000\$9,999	<b>\$10,000\$24,999</b>	\$25,000OR MORE	
	COPY AND ATTAC	H ADDITION	AL PAGES AS NE	CESSARY		

PART 4

#### **MUTUAL FUNDS**

NOTAPPLICABLE

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

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUALFUND Large CAP (Deferred Compensation)	American Centra Orautto, Fund Davis Rew Y Income Eunop	A, BEISt gik Venture	ME Fund, Ame. - P500 Stack . Afund TROU	Fund Fund Frice Egysty				
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER							
<sup>3</sup> NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	500 TO 999 2 1,000 TO 4,999					
4 IF SOLD INET GAIN	LESS THAN \$5,000	\$5,000\$9,999		\$25,000-OR MORE				
MUTUAL FUND Margan Stanley	Oct Inc NAME MC FOCUS GOWTH FOR A							
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY		C JUSE						
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	Г⊈-500 ТО 999 П 1,000 ТО 4,999 Е					
IF SOLD	LESS THAN \$5,000	L \$5,000 <b>\$9,999</b>		_				
MUTUALFUND ABA Retirement Fund	Stable Asset Bend Fund; L	Return Fu. Balanced H	ad ; Interno und	cdiet e				
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE		LD				
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499	-					
IF SOLD	LESS THAN \$5,000	<b>\$5,000-\$9,999</b>	[]] \$10,000\$24, <del>999</del>	\$25,000-OR MORE				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY								

Texas Ethics Commiss	sion P.O. Bo	x 12070 Austin	Texas 78711-207	0 (512) 463-5	1-800-325-8506				
MUTUAL FL	JNDS				PART 4				
	CABLE		_						
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, <i>see</i> FORM PFSINSTRUCTION GUIDE.									
When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.									
1 MUTUAL FUND BBA Retiver Fund	pent 🦢	Stuble Asset Large Cap bro Fund, mid Cap	Return Find " with Equity Fa Growth Equit	Me Intermedia and Midlep by Fund	te Bond tand. Value Equity				
<sup>2</sup> SHARES OF MUT HELD OR ACQUIR		FILER							
3 NUMBER OF SHAL		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	MORE					
4 IF SOLD	NET GAIN	UESS THAN \$5,000	<b>\$5,000\$9,999</b>	<b>\$10,000\$24,999</b>	\$25,000OR MORE				
MUTUAL FUND			NAME						
SHARES OF MUTU HELD OR ACQUIR		[] FILER			.D				
HELD OR ACQUIR	RES	FILER LESS THAN 100	SPOUSE		_D □ 1,000 TO 4,999				
HELD OR ACQUIR	RES			500 TO 999					
HELD OR ACQUIR	RES	LESS THAN 100	100 TO 499	500 ТО 999 Е	☐ 1,000 TO 4,999				
HELD OR ACQUIR NUMBER OF SHA OF MUTUAL FUNE		LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOR	☐ 500 ТО 999 Е ☐ \$10,000\$24,999	☐ 1,000 TO 4,999				
HELD OR ACQUIR NUMBER OF SHAL OF MUTUAL FUNE	RES D NET GAIN NET LOSS	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999	☐ 500 ТО 999 Е ☐ \$10,000\$24,999	☐ 1,000 TO 4,999				
HELD OR ACQUIR NUMBER OF SHA OF MUTUAL FUNE IF SOLD MUTUAL FUND SHARES OF MUT HELD OR ACQUIR NUMBER OF SHA	RES D NET GAIN	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999	 E \$10,000\$24,999 ме	☐ 1,000 TO 4,999				
HELD OR ACQUIR NUMBER OF SHA OF MUTUAL FUNE IF SOLD MUTUAL FUND SHARES OF MUT HELD OR ACQUIR	RES D NET GAIN	LESS THAN 100     5,000 TO 9,999     LESS THAN \$5,000     FILER	☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999 NA	<ul> <li>☐ 500 TO 999</li> <li>E</li> <li>☐ \$10,000\$24,999</li> <li>ME</li> <li>☐ DEPENDENT CHIL</li> <li>☐ 500 TO 999</li> </ul>	□ 1,000 TO 4,999 □ \$25,000-OR MORE				
HELD OR ACQUIR NUMBER OF SHA OF MUTUAL FUNE IF SOLD MUTUAL FUND SHARES OF MUT HELD OR ACQUIR NUMBER OF SHA	RES D NET GAIN	LESS THAN 100  5,000 TO 9,999  LESS THAN \$5,000  FileR  LESS THAN 100	□ 100 TO 499 □ 10,000 OR MOR □ \$5,000\$9,999 NA □ \$POUSE □ 100 TO 499	<ul> <li>☐ 500 TO 999</li> <li>E</li> <li>☐ \$10,000\$24,999</li> <li>ME</li> <li>☐ DEPENDENT CHIL</li> <li>☐ 500 TO 999</li> </ul>	□ 1,000 TO 4,999 □ \$25,000OR MORE □ \$25,000OR MORE □ 1,000 TO 4,999				

.

INCOME FROM INT	EREST, DIVIDI	ENDS, ROYA	LTIES & RENTS	PART 5			
NOTAPPLICABLE							
List each source of income you interest, dividends, royalties, and more information, <i>see</i> FORM PF	rents during the calenda	ar year and indicate the					
When reporting information ab providing the number under which			e child about whom you are	e reporting by			
<sup>1</sup> SOURCE OF INCOME Residential Home	106 Lon Aastin, T		ID ADDRESS				
<sup>2</sup> RECEIVED BY	FILER						
<sup>3</sup> AMOUNT	<b>⊡</b> \$500\$4,999	<b>\$5,000\$9,999</b>	\$10,000\$24,999	,000OR MORE			
SOURCE OF INCOME <i>Residential</i> HomE	9409 M. Austin, T	Readow Vale	D ADDRESS				
RECEIVED BY	FILER						
AMOUNT	<b>5</b> 500\$4,999	\$5,000\$9,999	<b>\$10,000\$24,999 \$25</b>	,000OR MORE			
SOURCE OF INCOME Residential Hume	3217 CH Amstin;	DWNOUEL X	DADRESS				
RECEIVED BY	FILER						
AMOUNT	<b>()</b> \$500\$4,999	[] \$5,000\$9,999	\$10,000\$24,999 🗌 \$25,	.000OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY							

1-800-325-8506

<b>INCOME FROM INTE</b>	REST, DIVIDE	ENDS, ROYAI	LTIES & RENT	<b>FS</b> PART 5
NOTAPPLICABLE				
List each source of income you, you interest, dividends, royalties, and re- more information, <i>see</i> FORM PFSI	nts during the calenda	r year and indicate the		
When reporting information about providing the number under which t			child about whom y	ou are reporting by
<sup>1</sup> SOURCE OF INCOME Residential Home	II Au	NAME AN 409 Polly stint, TX	DADDRESS RNN9	•
<sup>2</sup> RECEIVED BY		E SPOUSE		ILD
<sup>3</sup> AMOUNT	\$500\$4,999	\$5,000\$9,999	☐ \$10,000\$24 <b>,</b> 999	\$25,000OR MORE
source of income Residential Home	4304 Pa Bustin,	nameani Al Kwood TX 2872	DADDRESS `	·
RECEIVED BY	FILER	2 SPOUSE		ILD
AMOUNT	\$500\$4,999	\$5,000\$9,999	<b>510,000\$24,999</b>	S25,000OR MORE
SOURCE OF INCOME		NAME ANI	DADDRESS	<u>1942 - 422 - 43.42 - 48</u>  
RECEIVED BY	FILER			ILD
AMOUNT	<b>\$</b> 500\$4,999	\$5,000\$9,999	\$10,000\$24,999	_] \$25,000OR MORE
COPY A	ND ATTACH ADDI	IONAL PAGES AS	NECESSARY	

(512) 463-5800

#### 1-800-325-8506

# PERSÓNAL NOTES AND LEASE AGREEMENTS

PART 6

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
<sup>2</sup> LIABILITY OF			
<sup>3</sup> GUARANTOR			
4 AMOUNT	<b>\$1,000\$4,999</b>	<b>\$5,000\$9,999</b>	S10,000\$24,999 \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF		SPOUSE	DEPENDENT CHILD
GUARANTOR		l	
AMOUNT	<b>\$1,000\$4,999</b>	\$5,000\$9,999	S10,000\$24,999 \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF			DEPENDENT CHILD
GUARANTOR			_
AMOUNT	<b>\$1,000\$4,999</b>	<b>\$</b> 5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
COPY A	ND ATTACH ADDITI	ONAL PAGES AS	NECESSARY

Texas	Ethics	Commission

Austin, Texas 78711-2070

(512) 463-5800

PART 7A

# **INTERESTS IN REAL PROPERTY**

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.

<sup>1</sup> HELD OR ACQUIRED BY	
STREETADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 4101 W: 10000 Aastin, TX 78722
3 DESCRIPTION	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Single family residence (Travis County)
A NAMES OF PERSONS RETAINING AN INTEREST	Kevini Cole sheriji Cole
<sup>5</sup> IF SOLD	LESS THAN \$5,000 🗍 \$5,000\$9,999 🗍 \$10,000\$24,999 🗍 \$25,000OR MORE
HELD OR ACQUIRED BY	
STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 5704 Purple Sage Austry, TX
	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 5704 Purple Sage BUSTINI, TX NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOGATED Single fam. lef lot (Undeveloped) (Travis County)
STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 5704 Parple Sage PUIS HTNITX NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOGATED Single fam. lif lot [Undeveloped]
STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 5704 Purple Sage BUSTINI, TX NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOGATED Single fam. lef lot (Undeveloped) (Travis County)

(512) 463-5800

#### 1-800-325-8506

# 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.

<sup>1</sup> HELD OR ACQUIRED BY		SPOUSE	DEPENDENT CHILD
STREET ADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	7200 J Hastin,	Enspiration	DING CITY, COUNTY, AND STATE
DESCRIPTION     LOTS     ACRES	single 7 Lot lund	Family	Travis County )
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Kevin la shery1	le le	
<sup>5</sup> IF SOLD INET GAIN NET LOSS	LESS THAN \$	\$5,000 🗌 \$5,000\$9,999	9 🗌 \$10,000\$24,999 🗌 \$25,000OR MORE
HELD OR ACQUIRED BY	<b>E</b> FILER	UUSE	
STREET ADDRESS	4304 Austri	Parkwood	DING CITY, COUNTY, AND STATE
DESCRIPTION			
	311	19% family Travis	County 7
NAMES OF PERSONS RETAINING AN INTEREST	Kev	N Cole 41 Cole	
IF SOLD	LESS THAN	, \$5,000 🗌 \$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
NET LOSS			

Revised 02/25/2008

#### 1-800-325-8506

# **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.

STREETADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	9409 Justi	STREET ADDRESS, INCLU Meadow Val N. TV	EDING CITY, COUNTY, AND STATE
<sup>3</sup> DESCRIPTION LOTS ACRES	gingle resid (Travis	NUMBER OF LOTS OR ACREBAN fam; // lenp Leun H/)	ND NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST	shery	NGE 1610	
<sup>5</sup> IF SOLD T NET GAIN NET LOSS	LESS THAN	I \$5,000 🔲 \$5,000\$9,99	9 🗍 \$10,000\$24,999 🗍 \$25,000-OR MORE
HELD OR ACQUIRED BY	FILER	SPOUSE	
STREET ADDRESS			DEPENDENT CHILD
	Sing]	NUMBER OF LOTS OR ACRES AN	DING CITY, COUNTY, AND STATE
STREET ADDRESS	Sing]	H409 Poll H409 Poll Hus AN I TSI NUMBER OF LOTS OR ACRES AN COMMER OF LOTS OR ACRES AND COMMER OF LOTS OR ACRES AND COMMER OF LOTS OR ACRES AND COMMER OF LOTS OR ACRES AND COMMERCIAL COMMERCIAL COMMENCIAL COMMERCIAL COMMENCIAL COMMERCIAL COMMENCIAL COMMERCIAL COMMENCIAL CO	DOING CITY, COUNTY, AND STATE
STREET ADDRESS	Singh Itsic Keuin Sheryl	H409 Pol H409 Pol Hus AN 1 to NUMBER OF LOTS OR ACRES AN Conce (Travis Colo	DING CITY, COUNTY, AND STATE

١.

PART 7A

# INTERESTS IN REAL PROPERTY

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.

	· ** *
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY. COUNTY, AND STATE 3717 CIOWNOUL Mashin, TX
<sup>3</sup> DESCRIPTION Lots ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Single family ilsidence (Travis Leanty)
<sup>4</sup> NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Sherul de le
F SOLD 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 DESPOUSE DEPENDENT CHILD
STREET ADDRESS	10.6 Longspul Austin, TX
	NUMBER OF LOTS OR ACRES AND HAVE SUNTY WHERE LOWATED
NAMES OF PERSONS RETAINING AN INTEREST	Kevin Colo Shery Colo
RETAINING AN INTEREST	Kev: N Colo Shery Colo LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE

Revised 02/25/2008

١.

PART 7A

# **INTERESTS IN REAL PROPERTY**

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.

	C FU FR		
2 STREET ADDRESS		STREET ADDRESS, INC Amarows fa Falls, 7/	ELIDING CITY, COUNTY, AND STATE
<sup>3</sup> DESCRIPTION LOTS ACRES	sing. Wich	le famile/1 ta Caunt	AND NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST	· Keu 5he	in Cole gles le	
<sup>5</sup> IF SOLD I NET GAIN NET LOSS	LESS THAN	\$5,000 🔲 \$5,000-\$9,1	999 🔲 \$10,000\$24,999 🔲 \$25,000OR MORE
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD
STREET ADDRESS			DEPENDENT CHILD
		SET ADDRESS, INC	
STREET ADDRESS		NUMBER OF LOTS OR ACRES	SLUDING CITY, COUNTY, AND STATE
STREET ADDRESS		NUMBER OF LOTS OR ACRES	SLUDING CITY, COUNTY, AND STATE

Revised 02/25/2008

#### 1-800-325-8506

# **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.

<sup>1</sup> HELD OR ACQUIRED BY	
<sup>2</sup> DESCRIPTION	NAME AND ADDRESS
<sup>3</sup> IF SOLD INET GAIN NET LOSS	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE
HELD OR ACQUIRED BY	
DESCRIPTION	NAME AND ADDRESS
IF SOLD	☐ LESS THAN \$5,000
HELD OR ACQUIRED BY	
DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address)
IF SOLD	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000\$24,999 ☐ \$25,000OR MORE
СОРҮ А	ND ATTACH ADDITIONAL PAGES AS NECESSARY
	Revised 02/25/2008

Texas Ethics Commission P.0	D. Box 12070	Austin, Texas 78711-207	70 (512) 463-5800	1-800-325-8506	
GIFTS				PART <b>8</b>	
NOTAPPLICABLE					
Identify any person or organization that has given a gift <i>worth more than \$250</i> to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, <i>see</i> FORM PFSINSTRUCTION GUIDE.					
providing the number under which		on the Cover Sheet.		re reporting by	
<sup>1</sup> DONOR			DADDRESS		
<sup>2</sup> RECIPIENT	[] FILER	SPOUSE			
<sup>3</sup> DESCRIPTION OF GIFT					
DONOR			DADDRESS		
Υ					
RECIPIENT					
DESCRIPTION OF GIFT					
DONOR		NAME AND	ADDRESS		
RECIPIENT					
DESCRIPTION OF GIFT					
СОРУ /	AND ATTACH A	ADDITIONAL PAGES AS	NECESSARY		

Austin, Texas 78711-2070

TRUSTINCOME			PART 9
NOTAPPLICABLE			
category of the amount of income re	eceived. Also identify ea	ich asset of the trus	hild as beneficiary of a trust and indicate the t from which the beneficiary received <i>more</i> , <i>see</i> FORM PFSINSTRUCTION GUIDE.
When reporting information about providing the number under which t			e child about whom you are reporting by
<sup>1</sup> SOURCE		NAME	OF TRUST
<sup>2</sup> BENEFICIARY			
<sup>3</sup> INCOME	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	☐ \$10,000\$24,999  ☐ \$25,000OR MORE
<sup>4</sup> ASSETS FROM WHICH OVER \$500 WAS RECEIVED			
SOURCE	· · ·	NAME	DF TRUST
BENEFICIARY			
INCOME	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	State \$10,000\$24,999 \$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED			
SOURCE		NAME C	DF TRUST
BENEFICIARY			
INCOME	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED			
	·		
COPY A	ND ATTACH ADDITIC	NAL PAGES AS	NECESSARY

Revised 02/25/2008

Texas Ethics Commission	P.O. Box 12070 Au	stin, Texas 78711-20	070 (512) 463-5800	1-800-325-8506
<b>BLIND TRUSTS</b>				PART 10A
NOTAPPLICABLE				
Identify each blind trust that co GUIDE.	omplies with section 572.02	3(c) of the Governm	ent Code. See FORM PFS	INSTRUCTION
When reporting information providing the number under w			e child about whom you a	re reporting by
<sup>1</sup> NAME OF TRUST				
<sup>2</sup> TRUSTEE		NAME A	ND ADDRESS	
<sup>3</sup> BENEFICIARY				
<sup>4</sup> FAIR MARKET VALUE	LESS THAN \$5,00	0 🗌 \$5,000\$9,999	<b>\$10,000\$24,999 \$2</b>	5,000OR MORE
<sup>5</sup> DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME A	ND ADDRESS	
BENEFICIARY				
FAIR MARKET VALUE	LESS THAN \$5,00	0 🗍 \$5,000\$9,999	\$10,000\$24,999	5,000OR MORE
DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME A	ND ADDRESS	
BENEFICIARY				
FAIR MARKET VALUE	LESS THAN \$5,00	)	☐ \$10,000\$24,999	5,000OR MORE
DATE CREATED				
COF	Y AND ATTACH ADDIT	IONAL PAGES A	S NECESSARY	

TRUSTEE STATE	EMENT PART 10B
NOTAPPLICABLE	
	ed to identify a blind trust on Part 10A of the Personal Financial Statement must submit a stee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government sts are listed below.
1 NAME OF TRUST	
<sup>2</sup> TRUSTEE NAME	
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME
4 TRUSTEE STATEMENT	I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code.
	Trustee Signature
(b) The account of financial (8) identification of th than a blind trust that	ne source and the category of the amount of all income received as beneficiary of a trust, other t complies with Subsection (c), and identification of each trust asset, if known to the beneficiary,
	vas received by the beneficiary in excess of \$500;
	f each blind trust that complies with Subsection (c), including:
	gory of the fair market value of the trust;
• •	the trust was created;
	e and address of the trustee; and
	nent signed by the trustee, under penalty of perjury, stating that:
under S	ustee has not revealed any information to the individual, except information that may be disclosed ubdivision (8); and
	e best of the trustee's knowledge, the trust complies with this section.
	ons (b)(8) and (14), a blind trust is a trust as to which:
(1) the trustee:	
	nterested party;
(B) is not the	•
	quired to register as a lobbyist under Chapter 305;
	public officer or public employee; and
(E) was not a supervises; a	appointed to public office by the individual or by a public officer or public employee the individual and
	complete discretion to manage the trust, including the power to dispose of and acquire trust ulting or notifying the individual.
amendment to the individual's	ection (c) is revoked while the individual is subject to this subchapter, the individual must file an most recent financial statement, disclosing the date of revocation and the previously unreported set and the income derived from each asset.

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

**Texas Ethics Commission** 

P.O. Box 12070

# **ASSETS OF BUSINESS ASSOCIATIONS**

PART 11A

NOTAPPLICABLE

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

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> BUSINESS ASSOCIATION	Cole 400 C Austr	1. 15 th 5+110+ W. 15 th 5+110+ W. TX 18701	NAME AND AI leck If Filer's	DDRESS s Home Address)	
<sup>2</sup> BUSINESS TYPE	Law	Film			
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY			E		CHILD
<sup>4</sup> ASSETS		DESCRIPTION		CATE	GORY
			     · · · ·	\$10,000\$24,999	S25,000OR MORE
				LESS THAN \$5,000	<b>\$5,000\$9,999</b>
		· · · · · · · · · · · · · ·	 	\$10,000\$24,999 	S25,000OR MORE
				LESS THAN \$5,000	\$5,000\$9,999
		• • • • • • • • • • • • • • • • • • •		<b>510,000\$24,999</b>	S25,000OR MORE
				LESS THAN \$5,000	☐ \$5,000\$9,999
				<b>5 \$10,000\$24,999</b>	\$25,000OR MORE
				LESS THAN \$5,000	□ \$5,000\$9,999
	· · · · · · · · · · ·			<b>\$10,000\$24,999</b>	\$25,000OR MORE
			İ	LESS THAN \$5,000	<b>\$</b> 5,000 <b>\$</b> 9,999
			·	☐ \$10,000\$24,999	□ \$25,000OR MORE
				LESS THAN \$5,000	<b>5,000</b> \$9,999
			 	<b>\$10,000\$24,999</b>	S25,000OR MORE
				LESS THAN \$5,000	□ \$5,000\$9,999
				\$10,000\$24,999	\$25,000OR MORE
C	OPY AND ATT	ACH ADDITIONAL P	PAGES	AS NECESSARY	

-325-8506

exas Ethics Commission	P.O. Box 12070	Austin, Texas 78711	1-2070 (512) 463-5800	1-800-325-850
LIABILITIES OF I	<b>BUSINESS AS</b>	SOCIATIONS		PART 11B
corporation, professional a	ssociation, joint ventu r sold 50 percent or mo	re, or other business ass ore of the outstanding ow	ership, limited liability partners ociation in which you, your spo nership and indicate the categ IDE.	ouse, or a depen-
When reporting information providing the number under			e the child about whom you	are reporting by
<sup>1</sup> BUSINESS ASSOCIATION			D ADDRESS er's Home Address)	
·····	Cole : Po Law Fi	well -		
<sup>2</sup> BUSINESS TYPE	Law Fi	m		
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY		SPOUSE		)
LIABILITIES	DES	CRIPTION	□ \$10,000\$24,999 □ \$ □ LESS THAN \$5,000 □ \$	\$5,000\$9,999 \$25,000OR MORE \$5,000\$9,999
	· · · · · · · · · · · · · · · · · ·		│	\$25,000OR MORE \$5,000\$9,999 \$25,000OR MORE
	<i></i>		\$10,000\$24,999	\$5,000\$9,999 \$25,000OR MORE 
			· · · · · · · · · · · · · · · · · · ·	25,000OR MORE
				\$5,000\$9,999 \$25,000OR MORE
		· · · · · · · · · · · · · · · · · · ·		\$5,000\$9,999 \$25,000OR MORE
				\$5,000\$9,999 ⁄ \$25,000OR MORE

(512) 463-5800

1-800-325-8506

# **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.

<sup>1</sup> ORGANIZATION	United	Way	
<sup>2</sup> POSITION HELD	United Board M	Nember	
<sup>3</sup> POSITION HELD BY		SPOUSE	
ORGANIZATION	UI ban	Renewal Age	nce
POSITION HELD	Board	Renewal Age Chairman	
POSITION HELD BY		SPOUSE	
ORGANIZATION			
POSITION HELD		· · ·	
POSITION HELD BY			
ORGANIZATION			
POSITION HELD			
POSITION HELD BY		SPOUSE	
ORGANIZATION			
POSITION HELD			
POSITION HELD BY		SPOUSE	
C	OPY AND ATTAC	H ADDITIONAL PAGES AS	NECESSARY

Revised 02/25/2008

1-800-325-8506

# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION PART 13

NOTAPPLICABLE

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, *see* FORM PFS--INSTRUCTION GUIDE.

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

Γ

(512) 463-5800

INTEREST IN BUSIN	ESS IN COM	MON WITH LO	<b>OBBYIST</b> PART 14
	_		_
sional association, joint venture, or	other business asso person registered as a	ociation, other than a p a lobbyist under chapte	partnership, professional corporation, profes- bublicly-held corporation, in which you, your r 305 of the Government Code that both have
<sup>1</sup> BUSINESSENTITY Cole Ventures Vacant Lots	5704 1 7200 I. Buching	NAME AI PUIPLE Sage TX TX	ND ADDRESS
<sup>2</sup> INTEREST HELD BY	FILER	P SPOUSE	DEPENDENT CHILD
BUSINESS ENTITY		NAME A	ND ADDRESS
			·
INTEREST HELD BY			
BUSINESS ENTITY		NAME AN	ND ADDRESS
INTEREST HELD BY			
BUSINESS ENTITY		NAME AN	ND ADDRESS
INTEREST HELD BY			DEPENDENT CHILD
BUSINESS ENTITY		NAME AN	ID ADDRESS
COPY A	ND ATTACH ADD	ITIONAL PAGES AS	S NECESSARY

Texas Ethics Commission

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

PART	15
------	----

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

NOTAPPLICABLE

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 PFS--INSTRUCTION GUIDE.

<sup>1</sup> PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
<sup>2</sup> FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	L \$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000\$24,999</b>	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	<b>\$10,000\$24,999</b>	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	L \$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR 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
COPY AN	D ATTACH ADDITIO	NAL PAGES AS	NECESSARY	

STATE AGENCY	BY LEGISLATOR BEFORE PART 10
NOTAPPLICABLE	·
for compensation before a state name of the person represented, a information, see FORM PFSINSTF <b>Note:</b> Beginning September 1, 20 agency in the executive branch. The relationship in a criminal law matter;	s of the Texas Legislature. A member of the Texas Legislature who represents a person e agency in the executive branch must provide the name of the agency, the and the category of the amount of the fee received for the representation. For more RUCTION GUIDE. 103, legislators may not, for compensation, represent another person before a state the prohibition does not apply if: (1) the representation is pursuant to an attorney/client (2) the representation involves the filing of documents that involve only ministerial acts the representation is in regard to a matter for which the legislator was hired before
STATE AGENCY	
<sup>2</sup> PERSON REPRESENTED	
3 FEE CATEGORY	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORI
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MOR
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 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY
<u> </u>	Revised 02/25/2

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

Texas Ethics Commission

P.O. Box 12070

**Texas Ethics Commission** 

PART 17

# BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

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.

	NAME AND ADDRESS
SOURCE OF BENEFIT	
<sup>2</sup> BENEFIT	
BENEFII	
SOURCE OF BENEFIT	NAME AND ADDRESS
SOURCE OF BENEFIT	
BENEFIT	
s.	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
	NAME AND ADDRESS
SOURCE OF BENEFIT	
DENEELT	
BENEFIT	
C	OPY AND ATTACH ADDITIONAL PAGES AS NECESSARY
	Revised 02/25/2008

LEGIȘLATIVE CONTI	NUANCES			PART 18
Identify any legislative continuan and Remedies Code, or under a grounds that an attorney for a pa	nother law or rule	that requires or perm	its a court to grant continua	
<sup>1</sup> NAME OF PARTY REPRESENTED				•
<sup>2</sup> DATE RETAINED				
<sup>3</sup> STYLE, CAUSE NUMBER, COURT & JURISDICTION				
4 DATE OF CONTINUANCE APPLICATION				
<sup>5</sup> WAS CONTINUANCE GRANTED?	YES .			
NAME OF PARTY REPRESENTED				
DATE RETAINED				
STYLE, CAUSE NUMBER, COURT, & JURISDICTION				
DATE OF CONTINUANCE APPLICATION				
WAS CONTINUANCE GRANTED?	TYES			
СОРУ А	ND ATTACH AI	DDITIONAL PAGES	AS NECESSARY	

1-800-325-8506

## P.O. Box 12070

**Texas Ethics Commission** 

Austin, Texas 78711-2070

(512) 463-5800

(512) 463-5800

#### 1-800-325-8506

## 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, 2007, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Signature of Filer



Sworn to and subscribed before me, by the said <u>Sheral N. Gle</u>, this the <u>4</u> day of <u>ANGL</u>, 20 <u>D</u>, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Notary Public

Title of officer administering oath

exas Ethics Commission							
CORRECT	ED FINANCIA	LSTATE	MENT		OFFICE	USE	ONLY
GO	AND OD-FAITH AFI						
-			- Evolain Corror	liona		200	
Attach Any Part of Your Finan Filer Name (First, MI, Last)			punt #	L			AUS
Thery I N. Co.	10				eceipt #		TIN O
Address (P.O. Box or Street Address, Apt.					ate Processed		
4101 Wildwod City, State, Zip Code)	, Ø			_	ate Imaged	~-=	
Austin Tx 7	18722				ate imaged	ມ 28	
The correction(s) f	iled with this affidav	it apply to m	y financial s	tatement	due in		i
2008 🗌 2	2007 🗌 2006 🛛	2005	2004	2003	Other_		-
(Remember: The financial stateme	ent you file covers the preceding	) calendar year's ac	tivity. Thus a repor	t due in 1999	covers information f	or calenda	r year 1998.)
Dean w:Her T Itate Farm	Mutual fui Life Insura	\d \$1 n°C <sup>\$\$</sup> .	19,000 14, 87	9			
Dean w:Her 7 Itate <i>Farm</i>	Mutual fui life Insura	\d \$1 n°C \$.	19,000 14, 87	9			
Dean w: Her T Itate Farm	Mutual fui life Insura	l swear,		er penalty	of perjury, tha	at this c	orrected
	Mutual fui life Insura	l swear, report is	or affirm, unde	er penalty rect.	of perjury, tha	at this c	orrected
Pean Witter T Hate Farm	Mutual fui life Insura	I swear, report is Check C	or affirm, unde true and corr DNLY if applica or affirm, that	er penalty rect. able: it I am fili	ng this correc	cted re	oort not
	Mutual fui life Insura	I swear, report is Check C I swear, later tha that the I swear,	or affirm, under true and corr DNLY if applica or affirm, that no the 14th b report as origi or affirm, that	er penalty rect. able: usiness of nally filed any error	ng this correctly after the is inaccurate	cted re date I or inco	oort not learned mplete.
REYNA RUIZ NOTARY PUBLIC STATE OF TEXAS COMMISSION EXPIRED	Mutual fui life Insura	I swear, report is Check C I swear, later tha that the I swear,	or affirm, unde true and corr DNLY if applic or affirm, tha n the 14th b report as origi	er penalty rect. able: usiness of nally filed any error	ng this correctly after the is inaccurate	cted re date I or inco	oort not learned mplete.
REYNA RUIZ NOTARY PUBLIC STATE OF TEXAS COMMISSION EXPIRES: 10-12-2011		I swear, report is Check C I swear, later tha that the I swear,	or affirm, under true and corr DNLY if applica or affirm, that no the 14th b report as origi or affirm, that	er penalty rect. able: usiness of nally filed any error	ng this correct lay after the is inaccurate or omission i od jaith.	cted re date I or inco	oort not learned mplete.
NOTARY PUBLIC STATE OF TEXAS		I swear, report is Check C I swear, later tha that the I swear,	or affirm, under true and corr DNLY if applica or affirm, that no the 14th b report as origi or affirm, that	er penalty rect. able: usiness of nally filed any error ade in goo	ng this correct lay after the is inaccurate or omission i od jaith.	cted re date I or inco	oort not learned mplete.
REYNA RUIZ NOTARY PUBLIC STATE OF TEXAS COMMISSION EXPIRES: 10-12-2011	AL ABOVE	I swear, report is Check C I swear, later tha that the I swear,	or affirm, under true and corr DNLY if applica or affirm, that no the 14th b report as origi or affirm, that	er penalty rect. able: at I am fili usiness of any error ade in goo Signature o	ng this correct lay after the is inaccurate or omission i od jaith.	cted re date I or inco n the re	oort not learned mplete.
REYNA RUIZ NOTARY PUBLIC STATE OF TEXAS COMMISSION EXPIRES: 10-12-2011 10-12-2011	AL ABOVE ed before me by $\underline{S}$	I swear, report is Check O I swear, later tha that the I swear, original!	or affirm, under true and corr ONLY if applica or affirm, that or affirm, that or affirm, that or affirm, that y filed was man M. M.	er penalty rect. able: at I am fili usiness d nally filed any error ade in goo Signature o	ng this correct lay after the is inaccurate or omission i od faith. f Filer	cted re date I or inco n the re da	oort not learned mplete. eport as
REYNA RUIZ NOTARY PUBLIC STATE OF TEXAS COMMISSION EXPIRES: 10-12-2011 10-12-2011	AL ABOVE ad before me by $\underline{S}$ , 20 $\underline{O}$ , to cert	I swear, report is Check O I swear, later tha that the I swear, original!	or affirm, under true and com DNLY if applica or affirm, that or affirm, that or affirm, that y filed was man <u>WIZ</u>	er penalty rect. able: at I am fili usiness d nally filed any error ade in goo Signature o	ng this correct lay after the is inaccurate or omission i od faith. f Filer	cted re date I or inco n the re dat	oort not learned mplete. sport as

4

## CORRECTED FINANCIAL STATEMENT

### AND

## GOOD-FAITH AFFIDAVIT

**All Reports:** A filer who files a corrected financial statement must submit a correction affidavit. The affidavit must identify the information that has changed.

**Reports filed with Texas Ethics Commission:** A corrected financial statement filed with the Ethics Commission after its due date is considered late for purposes of late-filing penalties unless: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Attach additional pages as necessary.

Texas	Ethics	Commission
-------	--------	------------

۰.

PERSON	NAL FINANCIAL STATEMENT		FORM <b>P</b> COVER SH	
For filings re	Filed in accordance with chapter 572 of the Government Code. For filings required in 2009, covering calendar year ending December 31, 2008.		F PAGES FILEO:	
Use FC	ORM PFSINSTRUCTION GUIDE when completing this form.		200	
NAME	TITLE; FIRST; MI	OFFI	CE USE ONLY	S O
	Shery N Cole	Date Received	IAU	ヨ
	NICKNAME; LAST; SUFFIX		<b>⊢_</b> •	NG
			ຽ	Ð
ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	-	P	ING: DATE/
	4101 102 1 durad			~~~
	4101 W. Idwood Austine, Tx 78722		<u></u>	TIME
	Hustin, 14	Receipt #	20	Ē
	(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount	
TELEPHONE	AREA CODE PHONE NUMBER; EXTENSION	Date Processed	_,,I,,	
NUMBER	(512) 419-15 39	Date Imaged		
REASON FOR FILING STATEMENT				
			(INDICATE A	GENCY)
			(INDICATE A	GENCY)
			(INDICATE	PARTY)
			(INDICATE PO	SITION)
Family members dependent childr	whose financial activity you are reporting (filer must report information about the filer had actual control over that activity):	ne financial activit	y of the filer's spo	use or
SPOUSE				
DEPENDENT	CHILD 1			
	2			
	3			
required to disclo	h 18, you will disclose your financial activity during the preceding calenda se not only your own financial activity, but also that of your spouse or a de s financial activity.	ar year. In Parts ependent child if	1 through 14, yo you had actual o	ou are control

## COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission P.O.	Box 12070 Austin, Texas 78711-2070 (512) 463-5800	1-800-325-8506
SOURCES OF OCCUI	PATIONAL INCOME	PART 1A
	a dependent child's activity, indicate the child about whom you are the child is listed on the Cover Sheet.	reporting by
<sup>1</sup> INFORMATION RELATES TO	AFILER SPOUSE DEPENDENT CHILD	
<sup>2</sup> EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
EMPLOYED BY ANOTHER	Lole Lew Firm 4101 W. Idwood Austine, TX 7872	
SELF-EMPLOYED	NATURE OF OCCUPATION	· · · · · · · · · · · ·
INFORMATION RELATES TO		
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
. EMPLOYED BY ANOTHER	Cole Law Firm 4101 W. Idwood Austin, Tx 78722	
	NATURE OF OCCUPATION	· · · · · · · · · ·
INFORMATION RELATES TO		
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD	
E EMPLOYED BY ANOTHER		
	NATURE OF OCCUPATION	
СОРУ А	ND ATTACH ADDITIONAL PAGES AS NECESSARY	

,

Revised 12/01/2008

RETAINERS	PART 1B
NOTAPPLICABLE	
your spouse, or a dependent child h services on a matter specified at the the work actually performed during t see FORM PFS-INSTRUCTION GU When reporting information about	as a retainer by you, your spouse, or a dependent child (or by a business in which you, ave a "substantial interest") for a claim on future services in case of need, rather than for a time of contracting for or receiving the fee. Report information here only if the value of the calendar year did not equal or exceed the value of the retainer. For more information, JIDE. t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.
FEE RECEIVED FROM	NAME AND ADDRESS
	·
FEE RECEIVED BY	NAME OF BUSINESS
	FILER     OR FILER'S BUSINESS
	OR SPOUSE'S BUSINESS
	OR CHILD'S BUSINESS
FEE AMOUNT	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
	NAME AND ADDRESS
FEE RECEIVED FROM	
	NAME OF BUSINESS
FEE RECEIVED BY	GR FILER'S BUSINESS
	OR SPOUSE'S BUSINESS
	OR CHILD'S BUSINESS
FEE AMOUNT	LESS THAN \$5,000 \$5,000-\$9,999 \$10,000\$24,999 \$25,000OR MORE
	AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commis	sion P.O. Bo	ox 12070 Austin	, Texas 78711-207	20 (512) 463-5	5800 1-800-325-8506
STOCK		,			PART 2
	CABLE				
and indicate the ca category of the a INSTRUCTION GU	itegory of the numb mount of the net g IDE.	, your spouse, or a dep er of shares held or ac gain or loss realized	quired. If some or from the sale. F	all of the stock was For more informatio	sold, also indicate the n, <i>see</i> FORM PFS
		dependent child's ac child is listed on the Co		child about whom	you are reporting by
<sup>1</sup> BUSINESS ENTI	TY		· N	AME	
<sup>2</sup> STOCK HELD OF	R ACQUIRED BY			DEPENDENT CHI	LD
<sup>3</sup> NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
4 IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	<b>510,000\$24,999</b>	\$25,000OR MORE
BUSINESS ENTI	TY		N/	AME	
STOCK HELD OF	R ACQUIRED BY				LD ,
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		<u> </u>		RE	
IF SOLD		LESS THAN \$5,000	5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
BUSINESS ENTI	TY		N	AME	
STOCK HELD OF	R ACQUIRED BY				LD
NUMBER OF SH	ARES	LESS THAN 100	 100 TO 499	500 ТО 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	\$25,000OR MORE
BUSINESS ENTI	TY		N.	AME	
STOCK HELD OF	R ACQUIRED BY				LD
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MOR	Æ	
IF SOLD	NET GAIN	LESS THAN \$5,000	5,000\$9,99 <b>9</b>	\$10,000\$24,999	\$25,000OR MORE
BUSINESS ENTI	TY		N	AME	
<u></u>					
STOCK HELD OF	R ACQUIRED BY			DEPENDENT CHI	LD
NUMBER OF SH	ARES	LESS THAN 100	🗌 100 TO 499	🗔 500 то 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	525,000OR MORE
	LI NET LOSS				
		Y AND ATTACH ADDITIO	NAL PAGES AS NE	CESSARY	Revised 12/01/20

r ,

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 BONDS, NOTES & OTHER COMMERCIAL PAPER PART 3 NOTAPPLICABLE List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 DESCRIPTION OF INSTRUMENT 2 HELD OR ACQUIRED BY FILER SPOUSE DEPENDENT CHILD 3 IF SOLD LESS THAN \$5,000 S5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE I NET GAIN □ NET LOSS DESCRIPTION OF INSTRUMENT HELD OR ACQUIRED BY 🗍 FILER SPOUSE DEPENDENT CHILD IF SOLD LESS THAN \$5,000 S5,000--\$9,999 S10,000--\$24,999 S25,000--OR MORE NET GAIN □ NET LOSS DESCRIPTION OF INSTRUMENT HELD OR ACQUIRED BY DEPENDENT CHILD FILER SPOUSE IF SOLD LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE NET GAIN NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY Revised 12/01/2008

Texas Ethics Commis	ssion P.O. B	ox 12070 Austin	, Texas 78711-207	70 (512) 463-	5800 1-800-325-85	
MUTUAL F	UNDS				PART 4	
	ICABLE					
acquired during th some or all of the s from the sale. For	e calendar year and shares of a mutual fu more information, s	r of shares in that mut d indicate the category nd were sold, also indic ee FORM PFSINSTR dependent child's ac	of the number of s cate the category o UCTION GUIDE.	shares of mutual fun f the amount of the n	ds held or acquired. If het gain or loss realized	
providing the num	ber under which the	child is listed on the C				
1 MUTUAL FUND Romer Cars Fe	ands	Court Fault of An Funders en tal. Co of America	Entes for Er Constant Entes for Er Con New Perspects	Wer frowith : For orth Fund 11 Pm Se i Small Co	rspecifies di sio k n r o Incertorin ip World A	
<sup>2</sup> SHARES OF MUT HELD OR ACQUI		Filer			LD	
3 NUMBER OF SHA OF MUTUAL FUN		LESS THAN 100	100 TO 499	☐ 500 T <b>O</b> 999	1,000 TO 4,999	
OF MUTUAL FUN	b	🗔 5,000 ТО 9,999	10,000 OR MOR	RE		
4 IF SOLD	NET GAIN NET LOSS	[] LESS THAN \$5,000	[] \$5,000\$9,999	<b>\$10,000\$24,999</b>	S25,000OR MORE	
MUTUAL FUND Collego PM (Amer Can For	nds)	Amerilan Fan Amerilan Furi	is be cash to	me Builder and of America	<i>"у</i>	
SHARES OF MUT HELD OR ACQUI		Filer	SPOUSE		LD	
NUMBER OF SHA		ESS THAN 100	[] 100 TO 499	500 TO 999	[] 1,000 TO 4,999	
OF MUTUAL FUN	U	🔲 5,000 то 9,999	10,000 OR MOR	RE		
IFSOLD	NET GAIN	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	[] \$10,000\$24, <del>9</del> 99	📋 \$25,000OR MORE	
MUTUAL FUND College Fam. Francisco Fa		America fun	tund's Cape	ME INC. Earth of America	14	
SHARES OF MUT HELD OR ACQUI		Filer	SPOUSE		LD	
		LESS THAN 100	[_] 100 TO 499	🔲 500 то 999	1,000 TO 4,999	
OF MUTUAL FUN	0	🗋 5,000 ТО 9,999	10,000 OR MOR	RE		
IF SOLD	NET GAIN	LESS THAN \$5,000	5,000\$9,999	<b>\$10,000-\$24,999</b>	(] \$25,000OR MORE	
		LESS THAN \$5,000			( \$25,000OR MOR	

.

Revised 12/01/2008

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506 PART 4

## MUTUAL FUNDS

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 Lorge CAP (Deferred Compensition)	American Center Fund A. 13615 Ventuse, Atun				
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER				
3 NUMBER OF SHARES OF MUTUAL FUND	<ul> <li>LESS THAN 100</li> <li>5,000 TO 9,999</li> </ul>	100 TO 499	<u></u> 500 то 999	[] 1,000 TO 4,999	
4 IF SOLD	LESS THAN \$5,000	[] \$5,000 <b>-</b> \$9,999	<b>\$10,000\$24,999</b>	C \$25,000OR MORE	
MUTUAL FUND Morgan Stanley	MC Focus bi	outh Fd A	ME 2		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE		LD	
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOR	₩ 500 TO 999	[] 1,000 TO 4,999	
IF SOLD INET GAIN	LESS THAN \$5,000	[] \$5,000 <b>-</b> \$9,999	<b>\$10,000\$24,999</b>	☐ \$25,000OR MORE	
MUTUAL FUND ABA Retirement Fund	Stable Asse Bond Fund ! Mid Cap digo !	+ Return Ha Balanced Po	und: Interm	ediate op Value Equity	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY					
NUMBER OF SHARES OF MUTUAL FUND		100 TO 499	500 TO 999	1.000 TO 4.999	
IF SOLD TINET GAIN	ESS THAN \$5,000	55,00039,999	\$10,000\$24,399	\$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Privated Build' 2008

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 MUTUAL FUNDS PART NOTAPPLICABLE List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. American Century International Growth Attison 1 MUTUAL FUND International International OPB, pimer blobal, Fund A. Deferred Congensation 2 SHARES OF MUTUAL FUND SPOUSE FILER DEPENDENT CHILD ..... HELD OR ACQUIRED BY **3 NUMBER OF SHARES** LESS THAN 100 100 TO 499 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 10,000 OR MORE 5,000 TO 9,999 4 IF SOLD INET GAIN LESS THAN \$5,000 🔲 \$5,000--\$9,999 🗌 \$10,000-\$24,999 🗍 \$25,000--OR MORE NET LOSS Columbia ACOM Fund- "" Orendus Freell (ap MUTUAL FUND Amall Cal Stook Inder Fund SHARES OF MUTUAL FUND SPOUSE DEPENDENT CHILD \_\_\_\_ HELD OR ACQUIRED BY NUMBER OF SHARES 100 TO 499 LESS THAN 100 T-500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 🗔 5,000 ТО 9,999 10,000 OR MORE IF SOLD NET GAIN LESS THAN \$5,000 S5,000--\$9,999 S10,000--\$24,999 \$25,000--OR MORE NET LOSS Artisan mid Cap Fund MUTUAL FUND punsahila SHARES OF MUTUAL FUND FILER SPOUSE DEPENDENT CHILD HELD OR ACQUIRED BY NUMBER OF SHARES 🗍 500 TO 999 LESS THAN 100 100 TO 499 🛄 1.000 ТО 4,999 OF MUTUAL FUND 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 INET LOSS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Prosed 12.01 2018

Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 P.O. Box 12070 Texas Ethics Commission MUTUAL FUNDS PART 4 NOTAPPLICABLE List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. Vanquard mid Co larguard Velug Vinguar Margan CAP Warld Bond, Brikerage Matuel market Columbia Acosni 1 MUTUAL FUND In + 1 Dad. St. MY Venue: Page: (ax Dodge + Cox Int " File Fronklin Convertible TREASEN I shares Keeks Small Cap Value Class A Metropol Fag West in pyr & Opportunity Inter The Northwist Matuel Weal the Managanes Class A Metropel tag Wist ; Rough Vanguard De Laped Marter Vanguar Ina Filer BSPOUSE D uard CAPVanger 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY 1,000 TO 4,999 500 TO 999 **3 NUMBER OF SHARES** 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 S5,000--\$9,999 \$10,000-\$24,999 \$25,000--OR MORE I NET LOSS American Funds Lop' It NAME American Funds Inc Find of America American Funds New Perspectil MUTUAL FUND NW Wealth Magnt SHARES OF MUTUAL FUND SPOUSE DEPENDENT CHILD \_ FILER HELD OR ACQUIRED BY NUMBER OF SHARES 100 TO 499 500 TO 999 1,000 TO 4,999 LESS THAN 100 OF MUTUAL FUND 5.000 TO 9.999 10,000 OR MORE IF SOLD I NET GAIN S5,000--\$9,999 S10,000-\$24,999 \$25,000--OR MORE LESS THAN \$5,000 NET LOSS Europacifis browth ; Fundamental Invester New Economy: New Perspective : Lost management Trast Trust of America MUTUAL FUND American Fund SHARES OF MUTUAL FUND FILER SPOUSE DEPENDENT CHILD HELD OR ACQUIRED BY \_ 500 TO 999 NUMBER OF SHARES ] 100 TO 499 1.000 TO 4,999 \_ LESS THAN 100 OF MUTUAL FUND 5,000 TO 9,999 10.000 OR MORE IF SOLD 🗍 NET GAIN , S10,000--\$24,999 \_ S25,000--OR MORE LESS THAN S5,000 55,000--39.999 C NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Prosed 12.01 2008

Texas Ethics Commission

ì

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

#### **INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS** PART 5

NOTAPPLICABLE

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For ł 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

<sup>1</sup> SOURCE OF INCOME	NAME AND ADDRESS 11409 Po Ilyanna Austin TX			
<sup>2</sup> RECEIVED BY	PFILER			
<sup>3</sup> AMOUNT	<b>\$</b> 500-\$4,999	<b>55,000\$9,999</b>	\$10,000-\$24,999 \$25,000OR MORE	
SOURCE OF INCOME		NAME AN	D ADDRESS	
RECEIVED BY			DEPENDENT CHILD	
AMOUNT	\$500\$4.999	5,000\$9,999	☐ \$10,000-\$24,999  ☐ \$25,000OR MORE	
SOURCE OF INCOME		NAME AN	DADDRESS	
RECEIVED BY	E FILER			
AMOUNT	3500\$4,999	🗔 \$5,000\$9,999	\$10,000\$24,999 \$25.000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Revised 12.21 LAR

Texas Ethics Commission

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5

#### NOTAPPLICABLE

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> SOURCE OF INCOME Resp dente al Home	106 Long Austral TX		DADDRESS		
<sup>2</sup> RECEIVED BY	FileR	SPOUSE		CHILD	
3 AMOUNT	.\$500\$4,999	<b>\$5,000\$9,999</b>	\$10,000-\$24,999	S25,000OR MORE	
source of income Residu hal Hame	9404 Me Bushal Ty	udow Valo	D ADDRESS	· ·	
RECEIVED BY	FILER			CHILD	
AMOUNT	<b>\$500\$4,999</b>	\$5,000\$9,999	<b>\$10,000\$24,999</b>	S25,000OR MORE	
source of income Residential Home	3717 lis Austin, Tr	NAME ANI NUNOVET	D ADDRESS		
RECEIVED BY	Filer	SPOUSE		CHILD	
AMOUNT	<b>\$500\$4,999</b>	<b>\$5,000\$9,999</b>	<b>₽\$</b> 10,000\$24,999	S25,000OR MORE	
СОРҮ А	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Revised 12/01/2008

Texas Ethics Commission P.O	. Box 12070 A	Austin, Texas 78711-207	0 (512) 463-5	5800 1-800-325-850
PERSONAL NOTES	AND LEASE	AGREEMENT	S	PART <b>6</b>
Identify each guarantor of a lo a dependent child had a total fina agreement at any time during the o tion, see FORM PFS-INSTRUCTIO	ancial liability of mol alendar year and inc DN GUIDE.	<i>re than \$1,000</i> in the fo dicate the category of the	orm of a personal n e amount of the liabil	ote or notes or lease ity. For more informa-
When reporting information abou providing the number under which	t a dependent child the child is listed on t	I's activity, indicate the the Cover Sheet.	child about whom	you are reporting by
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
<sup>2</sup> LIABILITY OF	FILER			HILD
<sup>3</sup> GUARANTOR				
4 AMOUNT	<b>\$1,000\$4,999</b>	\$5,000\$9,999	<b>\$10,000\$24,999</b>	\$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT		· · ·		
LIABILITY OF			DEPENDENT C	HILD
GUARANTOR				
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999	[] \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	Filer	SPOUSE		HILD
GUARANTOR		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999	325,000OR MORE
COPY /	AND ATTACH ADI	DITIONAL PAGES AS	NECESSARY	

.

Revised 12/01/2008

P.O. Box 12070

(512) 463-5800

1-800-325-3506

# INTERESTS IN REAL PROPERTY

PART 7A

. 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.

HELD OR ACQUIRED BY	FILER	SPOUSE	
STREETADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	11409 Po Austin T	llyang	UDING CITY, COUNTY, AND STATE
3 DESCRIPTION	Gingle 115i dent		But ty
4 NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)		N Cole	
<sup>5</sup> IF SOLD NET GAIN NET LOSS	LESS THAN \$	55,000 [] \$5,000\$9,99	99 🔲 \$10,000\$24,999 🗋 \$25,000OR MORE
HELD OR ACQUIRED BY			
STREETADDRESS	1200 - Austin	Inspiration	UDING CITY. COUNTY, AND STATE
DESCRIPTION LOTS ACRES	single Under	family L	ot avis Lounty)
NAMES OF PERSONS RETAINING AN INTEREST	Ki ZM	in the	
IF SOLD	LESS THAN	35,000 <u> </u>	9 : S10,000S24 999 S25,000OR MORE

#### COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Povision 12:01 2:08

P.O. Box 12070

(512) 463-5800 1-

1-800-325-8506 PART 7A

## INTERESTS IN REAL PROPERTY

Ł

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.

<sup>1</sup> HELD OR ACQUIRED BY	SFILER SPOUSE DEPENDENT CHILD
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	4304 Parkwood Pharkwood Pharkwood
3 DESCRIPTION	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED FINGLE Family residence (Travis Loun Hy
* NAMES OF PERSONS RETAINING AN INTEREST	Kevin Calp Sherry Calp
<sup>5</sup> IF SOLD MET GAIN	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000-OR MORE
HELD OR ACQUIRED BY	
STREET ADDRESS	STREET ADDRESS. INCLUDING CITY. COUNTY AND STAFE 9409 Meadow Vaje Austin TX NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
DESCRIPTION	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Jingle family lisiden PC [Travis County]
NAMES OF PERSONS RETAINING AN INTEREST	Krow Cole There Cole
IF SOLD	☐ LESS THAN \$5,000

### COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Povision 12/01/2 /08

1-800-325-8506

### INTERESTS IN REAL PROPERTY

PART **7A** 

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.

<sup>1</sup> HELD OR ACQUIRED BY	FILER	SPOUSE	
STREET ADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	3717 Cr. Austin,	STREET ADDRESS, INCLU IOWN O JIN TX	IDING CITY, COUNTY AND STATE
3 DESCRIPTION	single ta Tradis C	amly residen	ND NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST	Ked. Ihory	N Cole	
<sup>5</sup> IF SOLD NET GAIN NET LOSS	C LESS THAN \$	5,000 🗍 \$5,000\$9,99	9 🗍 \$10,000\$24,999 🗍 \$25,000OR MORE
HELD OR ACQUIRED BY	FILER	SPOUSE	
STREET ADDRESS	10 A	16 Longspu Mistini, Tx	
	1;04	NUMBER OF LOTS OF ACRES AN all family (e. alig balun ty	
NAMES OF PERSONS RETAINING AN INTEREST	Nec Ghi	sin lote ny lote	
IF SOLD	C LESS THAN S	55,000 <u> </u>	9 🛄 \$10,000\$24.999 🗍 \$25,000OR MORE

### COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Provised 12:01 2:08

P.O. Box 12070

Austin. Texas 78711-2070

(512) 463-5800

1-800-325-8506

## 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.

<sup>1</sup> HELD OR ACQUIRED BY	PFILER SPOUSE DEPENDENT CHILD
STREETADDRESS     NOTAVAILABLE     CHECK IF FILER'S HOME ADDRESS	1605 Andrews Wich-ta Falls, TX
3 DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED fingle family residence (Withita County)
ANAMES OF PERSONS RETAINING AN INTEREST	Keun i sherry Cale
5 IF SOLD	☐ LESS THAN \$5,000
HELD OR ACQUIRED BY	
STREETADDRESS	STREET ADDRESS. INCLUDING CITY, COUNTY AND STATE
	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST	
NOT APPLICABLE (SEVERED MINERAL INTEREST)	

### COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Paymen 12:01 2:05

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

# 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.

<sup>1</sup> HELD OR ACQUIRED BY	FILER	SPOUSE	
STREET ADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	4101 W Austin,	II GUI VO D TX 78722	ING CITY, COUNTY, AND STATE
DESCRIPTION     DESCRIPTION     ACRES			(Mame of county where located (Mauis Caunty)
A NAMES OF PERSONS RETAINING AN INTEREST	Kevin Ihliyt	lole lole	
F SOLD NET GAIN NET LOSS		1\$5,000 🗌 \$5,000\$9,999	□ \$10,000\$24,999 □ \$25,000-OR MORE
HELD OR ACQUIRED BY	FILER	SPOUSE	
STREETADDRESS	5704 Aastin	Purple Fage	ING CITY, COUNTY, AND STATE
	Austin	Puiple Fage 1. TX	ING CITY, COUNTY, AND STATE
	Austin	Purple Fage 1. TX NUMBER OF LOTS OR ACRES AND Jamily 10+	
NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE	Austin Single heu No	Purple Fage 1. TX NUMBER OF LOTS OR ACRES AND fam: (1) 10+ le 1e Cale	

Texas Ethics Commission P.C	). Box 12070	Austin, Texas 78711-207	70 (512) 463-5	800 1-800-325-8506
INTERESTS IN BUSI	NESS ENTIT	IES		PART 7B
Describe all beneficial interests in calendar year. If the interest was s For an explanation of "beneficial INSTRUCTION GUIDE.	old, also indicate the interest" and other	category of the amount of specific directions for of the specific directions for of the specific directions for of the specific directions for the specific direction of the s	of the net gain or loss i completing this section	realized from the sale. on, see FORM PFS
When reporting information about providing the number under which			e child about whom	you are reporting by
<sup>1</sup> HELD OR ACQUIRED BY				HLD
<sup>2</sup> DESCRIPTION			DADDRESS Ier's Home Address)	
<sup>3</sup> IF SOLD	LESS THAN \$	5,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999	\$25,000OR MORE
HELD OR ACQUIRED BY				HILD
DESCRIPTION			DADDRESS iler's Home Address)	
IF SOLD	LESS THAN \$	5,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999	S25,000OR MORE
HELD OR ACQUIRED BY				HLD
DESCRIPTION			ID ADDRESS lier's Home Address)	
IF SOLD	LESS THAN S	5,000 🗌 \$5,000\$9,999	\$10,000\$24,999	S25.000OR MORE
СОРҮ	AND ATTACH AD	DITIONAL PAGES AS	S NECESSARY	

٠

P.O. Box 12070

Austin, Texas 78711-2070

PART 8

GIFTS

NOTAPPLICABLE

Identify any person or organization that has given a gift *worth more than \$250* to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> DONOR		NAME AND	ADDRESS
<sup>2</sup> RECIPIENT			
3 DESCRIPTION OF GIFT			
DONOR		NAME AND	ADDRESS
RECIPIENT		SPOUSE	
DESCRIPTION OF GIFT			
DONOR		NAME AND	ADDRESS
RECIPIENT	[] FILER		
СОРҮ А	ND ATTACH ADDIT	ONAL PAGES AS	NECESSARY

exas Ethics Commission P.	O. Box 12070 Aust	in, Texas 78711-207	70 (512) 463-5	800 1-800-325-8506
TRUSTINCOME				PART 9
NOTAPPLICABLE				
Identify each source of income re category of the amount of income <i>than \$500</i> in income, if the identit When reporting information abo providing the number under whic	e received. Also identify ea y of the asset is known. Fo out a dependent child's a	ach asset of the trus or more information, activity, indicate the	t from which the bene , see FORM PFSIN	ficiary received <i>more</i> STRUCTION GUIDE.
1 SOURCE		NAME	DF TRUST	······································
SUURCE				
<sup>2</sup> BENEFICIARY	FileR			:HILD
3 INCOME	LESS THAN \$5,000	<b>5,000\$9,99</b>	<b>\$10,000\$24,999</b>	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE		NAME (	DF TRUST	
BENEFICIARY				:HILD
INCOME	LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000\$24,999</b>	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE		NAME	DF TRUST	
BENEFICIARY	FILER			:HLD
INCOME	LESS THAN \$5,000	\$5,000\$9,999	[] \$10,000\$24, <del>9</del> 99	\$25,000OR MORE
ASSETS FROM WHICH				

Texas Ethics Commission	P.O. Box 12070 Aus	lin, Texas 78711-20	070 (512) 463-5	5800 1-800-325-8506
BLIND TRUSTS				PART 10A
Identify each blind trust that cor GUIDE.	nplies with section 572.023	(c) of the Governme	ent Code. See FORM	PFSINSTRUCTION
When reporting information a providing the number under whether the num			e child about whom	you are reporting by
<sup>1</sup> NAME OF TRUST				
<sup>2</sup> TRUSTEE		NAME A	ND ADDRESS	
<sup>3</sup> BENEFICIARY	Filer			HILD
<sup>4</sup> FAIR MARKET VALUE	LESS THAN \$5,000	<b>5,000\$9,99</b>	\$10,000\$24,999	\$25,000OR MORE
<sup>5</sup> DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME A	ND ADDRESS	
BENEFICIARY				
FAIR MARKET VALUE	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	\$10,000\$24,999	\$25,000OR MORE
DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME A	ND ADDRESS	
BENEFICIARY				
BENEFICIARY FAIR MARKET VALUE	LESS THAN \$5,000	_	DEPENDENT C	\$25,000OR MORE
		_		

Revised 12/01/2008

1

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

# ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

NOTAPPLICABLE

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

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> BUSINESS ASSOCIATION	NAME AND ADDRESS The Cole Law Firm 4101 Wildwood Austin, Tx 18722			
<sup>2</sup> BUSINESS TYPE	Low Firm	<b>.</b>		
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY		SPOUSE		CHILD
<sup>4</sup> ASSETS	DESCRIPT	ION	CATE	GORY
				\$25,000OR MORE
			··············	
			LESS THAN \$5,000	\$5,000\$9,999
			\$10,000\$24,999   · · · · · · · · · · · · · ·	S25,000OR MORE
			LESS THAN \$5,000	<b>\$5,000\$9,999</b>
	<i>.</i>		\$10,000\$24,999	\$25,000OR MORE
			LESS THAN \$5,000	<b>\$5,000\$9,999</b>
			\$10,000\$24,999	S25,000OR MORE
		••••••••••	LESS THAN \$5,000	L \$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 	LI \$25,000OR MORE
	Acrouds Receivable		LESS THAN \$5,000	\$5,000\$9,999
			\$10,000\$24,999	\$25,000OR MORE
	COPY AND ATTACH A	DITIONAL PAGES	AS NECESSARY	

1-800-325-8506

PART 11B

## LIABILITIES OF BUSINESS ASSOCIATIONS

NOT APPLICABLE

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.

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	The Gale LAW FILM HIOL, W. HWOOD RO. AUSTIN, TEKAS 78722				
2	BUSINESS TYPE	have firm				
3	HELD, ACQUIRED, OR SOLD BY	🗌 FILER	SPC	DUSE		CHILD
4	LIABILITIES	DES	CRIPTION		CATE	GORY
	r	Realt, credit Ci	ard debt	   	\$10,000\$24,999	25,000OR MORE
				1	LESS THAN \$5,000	\$5,000\$9,999
				 	<b>\$10,000\$24,999</b>	S25,000OR MORE
					LESS THAN \$5,000	\$5,000\$9,999
					\$10,000\$24,999	S25,000OR MORE
					LESS THAN \$5,000	〔] \$5,000\$9,999
					\$10,000\$24,999	\$25,000OR MORE
					LESS THAN \$5,000	\$5,000-\$9,999
					\$10,000\$24,999	S25,000OR MORE
				1	LESS THAN \$5,000	<b>\$5,000\$9,999</b>
				j	\$10,000\$24,999	S25,000OR MORE
					LESS THAN \$5,000	[] \$5,000\$9,999
				 	\$10,000\$24,999	\$25,000OR MORE
				 	[] LESS THAN \$5,000	<b>\$5,000\$9,999</b>
					\$10,000\$24,999	\$25,000OR MORE
	(	COPY AND ATTACH	ADDITIONA	L PAGES	AS NECESSARY	

P.O. Box 12070

**BOARDS AND EXECUTIVE POSITIONS** 

PART 12

1-800-325-8506

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.

1			
ORGANIZATION	Down tou	in Austin A.	lliance
<sup>2</sup> POSITION HELD	Boar d	Member	
<sup>3</sup> POSITION HELD BY	FILER		
ORGANIZATION	Un:tea	1 Wax	
POSITION HELD		Member	
POSITION HELD BY	🗍 FILER	SPOUSE	
ORGANIZATION	Urban	Renewal Age,	ncy
POSITION HELD		Member	0
POSITION HELD BY			
ORGANIZATION	St. David	d's Community	Health Foundation
POSITION HELD	Access to He.	Alth Committee Mimbil	
POSITION HELD BY			
ORGANIZATION			
POSITION HELD			
POSITION HELD BY			
(	COPY AND ATTAC	H ADDITIONAL PAGES AS	NECESSARY
L			Revised 12/01/2008

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION PART 13

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

<sup>1</sup> PROVIDER	NAME AND ADDRESS		
<sup>2</sup> AMOUNT			
PROVIDER	NAME AND ADDRESS		
AMOUNT			
PROVIDER	NAME AND ADDRESS		
AMOUNT			
PROVIDER	NAME AND ADDRESS		
AMOUNT			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

.

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

INTEREST IN BUSINE	ESS IN COM	MON WITH LO	DBBYIST PART 14
NOTAPPLICABLE			
sional association, joint venture, or o	other business asso erson registered as a	ciation, other than a p a lobbyist under chapte	artnership, professional corporation, profes- ublicly-held corporation, in which you, your r 305 of the Government Code that both have
<sup>1</sup> BUSINESS ENTITY		NAME A1	ID ADDRESS
<sup>2</sup> INTEREST HELD BY			
BUSINESS ENTITY		NAME A	ND ADDRESS
INTEREST HELD BY			
BUSINESS ENTITY		NAME AN	ND ADDRESS
INTEREST HELD BY			
BUSINESS ENTITY		. NAME AM	ND ADDRESS
INTEREST HELD BY	🗌 FILER		
BUSINESS ENTITY		NAME A	ND ADDRESS
INTEREST HELD BY	] FILER		
COPY A	ND ATTACH ADD	ITIONAL PAGES AS	S NECESSARY

Texas Ethics Commission P.O.	Box 12070 Au	stin, Texas 78711-20	70 (512) 463-5	5800 1-800-325-8506
FEES RECEIVED FOR TO A LOBBYIST OR L	R SERVICES OBBYIST'S	RENDERED EMPLOYER		PART 15
Report any fee you received for provi chapter 305 of the Government Code, sates or reimburses a person required services were provided, and indicate INSTRUCTION GUIDE.	, or for providing servic d to be registered as a	es to or on behalf of a lobbyist. Report the	a person you actually name of each persor	know directly compen- n or entity for which the
<sup>1</sup> PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
<sup>2</sup> FEE CATEGORY	LESS THAN \$5,0	00 🗍 \$5,000\$9,999	<b>510,000\$24,999</b>	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,0	00 🗌 \$5,000\$9,999	<b>510,000\$24,999</b>	325,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,0	00 🗍 \$5,000\$9,999	<b>510,000\$24,999</b>	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,0	00 🔲 \$5,000\$9,999	<b>\$10,000\$24,999</b>	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
	LESS THAN \$5,0	00 🗍 \$5,000\$9,999	<b>\$10,000\$24,999</b>	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,0	00 🗋 \$5,000-\$9,999	<b>\$10,000\$24,999</b>	\$25,000OR MORE
COPY A	ND ATTACH ADDI <sup>-</sup>	TIONAL PAGES A	S NECESSARY	
		· · · · · · · · · · · · · · · ·		Revised 12/01/2008

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 Texas Ethics Commission **REPRESENTATION BY LEGISLATOR BEFORE** PART 16 STATE AGENCY 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 <sup>2</sup> PERSON REPRESENTED 3 FEE CATEGORY LESS THAN \$5,000 S5,000--\$9,999 S10,000--\$24,999 \$\$25,000--OR MORE STATE AGENCY PERSON REPRESENTED FEE CATEGORY LESS THAN \$5,000 S5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE STATE AGENCY PERSON REPRESENTED FEE CATEGORY LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE STATE AGENCY PERSON REPRESENTED FEE CATEGORY LESS THAN \$5,000 \$5,000--\$9,999 \$10,000-\$24,999 \$25,000--OR MORE COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

exas Ethics Commission	P.O. Box 12070	Austin, Texas		(512) 463-5800	1-800-325-850
BENEFITS DERI PUBLIC SERVA	VED FROM FU	NCTIONS	HONORI	NG	PART <b>17</b>
Section 36.10 of the Penal to a benefit derived from a fu of the Government Code or reported in the statement a activities in connection with received and is not reported information, see FORM PFS	unction in honor or appre title 15 of the Election C nd 2) the benefit is used the office which are no by the public servant un	ciation of a public code if the benefit d solely to defray nreimbursable by der title 15 of the	c servant require and the source expenses that the state or a p	ed to file a statement un of any benefit over \$50 accrue in the performa olitical subdivision. If s	der chapter 572 ) in value are: 1) nce of duties or such a benefit is
SOURCE OF BENEFIT			NAME AND ADDRESS	······································	
SOURCE OF BENEFIT					
BENEFIT					
DENEITI					
SOURCE OF BENEFIT			NAME AND ADDRESS		
BENEFIT					
			NAME AND ADDRESS		
SOURCE OF BENEFIT					
BENEFIT					······
		······································	<sup>4</sup>		
SOURCE OF BENEFIT			NAME AND ADDRESS		
BENEFIT					
	COPY AND ATTACH				

Texas Ethics Commission F	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506
LEGISLATIVE CON	TINUANCES	;		PART 18
and Remedies Code, or unde	er another law or rule	applied for or obtained under sec e that requires or permits a cou or member-elect of the legislatur	t to grant continuances	Practice s on the
1 NAME OF PARTY REPRESENTED				
<sup>2</sup> DATE RETAINED				
<sup>3</sup> STYLE, CAUSE NUMBER, COURT & JURISDICTION				
4 DATE OF CONTINUANCE APPLICATION		· · ·		
<sup>5</sup> WAS CONTINUANCE GRANTED?	🗌 YES			
NAME OF PARTY REPRESENTED				
DATE RETAINED				
STYLE, CAUSE NUMBER, COURT, & JURISDICTION				
DATE OF CONTINUANCE APPLICATION				
WAS CONTINUANCE GRANTED?	TYES			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

1-800-325-8506

## 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, 2008, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Signature of Filer

REYNA RUIZ NOTARY PUBLIC STATE OF TEXAS COMMISSION EXPIRES: 0-12-2011

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shengl Nelson (of this the day of \_ . 20 D9

March \_, to certify which, witness my hand and seal of office.

nature of officer administering eath

Kuiz Reyna

Admin Specialist Print name of officer administering oath

Title of officer administering oath

	PERSON	AL FINANCIAL STATEMENT		FORM PFS COVER SHEET
	For filings requ	n accordance with chapter 572 of the Government Code. Jired in 2010, covering calendar year ending December 31, 2009. M PFS–INSTRUCTION GUIDE when completing this form.	TOTAL NUMBER O	PAGES FILED O ST I
-				
1	NAME	TITLE; FIRST; MI Shery/ N. NICKNAME; LAST; SUFFIX Cole	OFF	CEUSE ONLY DATE/TIME
2	ADDRESS	ADDRESS / PO BOX: APT / SUITE #, CITY: STATE; ZIP CODE 4/0/ Wildwood Rd AUSTIN, TX 781722 VICHECK IF FILER'S HOME ADDRESS)	Receipt # HD / PM	Amount
3	TELEPHONE NUMBER	Area code phone number; extension $(5/2)$ $4/9 \cdot 1539$	Date Processed Date Imaged	
5	REASON FOR FILING STATEMENT	CANDIDATE CANDIDATE CITY COUNCIL Mem APPOINTED OFFICER CITY EXECUTIVE HEAD FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR OTHER		(INDICATE OFFICE) (INDICATE OFFICE) (INDICATE AGENCY) (INDICATE AGENCY) (INDICATE AGENCY) (INDICATE PARTY) (INDICATE POSITION)
5	dependent children	hose financial activity you are reporting (filer must report information about the if the filer had actual control over that activity):		y of the filer's spouse or
	SPOUSE			
	DEPENDENT C	HILD 1		
		2		
		3		
re		8, you will disclose your financial activity during the preceding calendar not only your own financial activity, but also that of your spouse or a deponential activity.		

### COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

۰.

(512) 463-5800

SOURCES OF OCCU	PATIONAL	INCOME	PART <b>1A</b>
When reporting information about a providing the number under which			child about whom you are reporting by
<sup>1</sup> INFORMATION RELATES TO	FILER	SPOUSE	
<sup>2</sup> EMPLOYMENT	1.1	Check If F	DF EMPLOYER / POSITION HELD iler's Home Address)
	4101 M	Law Firm Vildnood La TX 787.	22
SELF-EMPLOYED			DF OCCUFATION
INFORMATION RELATES TO			
EMPLOYMENT		Check If Fi	DF EMPLOYER / POSITION HELD iler's Home Address )
	(de L 4101 1	aw Firm Vildwood 1 , TX 7872	Rd
	AUSTR	, 1X 18 /~ 	۲ کے ان کی کی ان کی کی کی کی کی کی کی کی کی ان کی
		NATURE	
INFORMATION RELATES TO	Filer		
EMPLOYMENT			F EMPLOYER / POSITION HELD ler's Home Address)
EMPLOYED BY ANOTHER			
SELF-EMPLOYED	· · · · · · · · · · · · · · · · · · ·	NATURE	DF OCCUPATION
COPY A	ND ATTACH AD	DITIONAL PAGES A	AS NECESSARY

	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8
RETAINERS				PART 1
your spouse, or a depender services on a matter specifi the work actually performed see FORM PFS–INSTRUCT	nt child have a "substar ed at the time of contra during the calendar ye FION GUIDE. about a dependent ch	by you, your spouse, or a depend ntial interest") for a claim on future acting for or receiving the feetepo ar did not equal or exceed the val nild's activity , indicate the child ad on the Cover Sheet.	services in case of nort information here or ue of the anter. For m	eed, rather tha Ily if the value Iore informatic
1 FEE RECEIVED FROM		NAME AND ADDRE	ESS	-
2 FEE RECEIVED BY		NAME OF BUSIN	IESS	
		R'S BUSINESS		
		JSE'S BUSINESS		
		ENT CHILD D'S BUSINESS		
FEE AMOUNT	LESS TH	AN \$5,000 \$5,000\$9,999 \$	\$10,000\$24,999 \$2	5,000OR MOR
FEE RECEIVED FROM		NAME AND ADDRE	SS	
FEE RECEIVED BY		NAME OF BUSIN	ESS	
		'S BUSINESS		
	SPOUSE OR SPOU	ISE'S BUSINESS		
		ENT CHILD D'S BUSINESS		
			-	

tor I

Texas Ethics Commis	ssion P.O. B	ox 12070 Austin	n, Texas 78711-207	0 (512) 463-	5800 1-800-325-850
<b>STOCK</b>					PART 2
	ICABLE				
and indicate the ca category of the an INSTRUCTION GU When reporting int	ategory of the num nount of the net ga IIDE formation about a c		acquired.If some of m the sale. F vity , indicate the	r all of the stock was for more information	during the calendar yea s sold, also indicate the n, <i>see</i> FORM PFS ou are reporting by
<sup>1</sup> BUSINESS ENTI	TY		. N/	AME	
2 STOCK HELD OF	R ACQUIRED BY		SPOUSE		LD
<sup>3</sup> NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		🔲 5,000 ТО 9,999	10,000 OR MOR	E	
4 IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	\$25,000-OR MORE
BUSINESS ENTI	TY		N	AME	
STOCK HELD OF	R ACQUIRED BY				LD
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	<b>[]</b> \$10,000\$24,999	S25,000-OR MORE
BUSINESS ENTI	TY		NA	ME ,	
STOCK HELD OF	R ACQUIRED BY		SPOUSE		LD
NUMBER OF SH	ARES	LESS THAN 100	□ 100 TO 499 □ 10,000 OR MOR	🔲 500 ТО 999 Е	1,000 TO 4,999
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
BUSINESS ENTI	TY		N/	ME	
STOCK HELD OF	R ACQUIRED BY				LD
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	500 ТО 999 Е	1,000 TO 4,999
IF SOLD	NET GAIN	LESS THAN \$5,000			\$25,000OR MORE
BUSINESS ENTI	TY		NA	MÉ	
STOCK HELD OF	R ACQUIRED BY				LD
NUMBER OF SH	ARES	LESS THAN 100	 100 TO 499	 500 то 999	П 1,000 ТО 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	\$25,000OR MORE
		Y AND ATTACH ADDITIO	NAL PAGES AS NEO	CESSARY	

٩.,

N<sub>1</sub> T

 Texas Ethics Commission
 P.O. Box 12070
 Austin, Texas 78711-2070
 (512) 463-5800
 1-800-325-8506

BONDS, NOTES & O	THER COMMERCIAL PAPER PART 3
calendar year. If sold, indicate the information, see FORM PFS–INSTI When reporting information about	a dependent child's activity , indicate the child about whom you are reporting by
	the child is listed on the Cover Sheet.
1 DESCRIPTION OF INSTRUMENT	
<sup>2</sup> HELD OR ACQUIRED BY	
IF SOLD	LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	
IF SOLD	LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	
IF SOLD	LESS THAN \$5,000 \$5,000-\$9,999 \$10,000\$24,999 \$25,000OR MORE
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission	P.O. Bo	ox 12070 Austin	, Texas 78711-207	0 (512) 463-	5800 1-800-325-85
					PART 4
List each mutual fund acquired during the ca some or all of the share from the sale. For more When reporting inform providing the number of	and the number lendar year and es of a mutual fr e information, se nation about a d	d indicate the category und were sold, also in e FORM PFSINSTR ependent child's activ	y of the number of dicate the category CUCTION GUIDE.	shares of mutual fu of the amount of th	nds held or acquired e net gain or loss real
1 MUTUAL FUND American F	Funds	Bond Fund of	america NA	ME	
<sup>2</sup> SHARES OF MUTUAL HELD OR ACQUIRED		FILER	SPOUSE		LD
3 NUMBER OF SHARES OF MUTUAL FUND	5	LESS THAN 100	100 TO 499	500 то 999 Е	1,000 TO 4,999
4 IF SOLD	] NET GAIN ] NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
MUTUAL FUND College Ame American Fi	rica inds	American F American F	und Cap	Menc. Build	America
SHARES OF MUTUAL HELD OR ACQUIRED		FILER			LD
NUMBER OF SHARES OF MUTUAL FUND	<b>j</b>	LESS THAN 100	100 TO 499	500 ТО 999 Е	1,000 TO 4,999
IF SOLD	] NET GAIN ] NET LOSS	LESS THAN \$5,000	<b>[]</b> \$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
MUTUAL FUND College Ameri American Fu	ich inds	American F. American Fi	unds Cap Turols Grow	™ Inc. In Fund of	America
SHARES OF MUTUAL HELD OR ACQUIRED I					LD
NUMBER OF SHARES OF MUTUAL FUND		LESS THAN 100	100 TO 499	☐ 500 TO 999 Е	1,000 TO 4,999
IF SOLD	] NET GAIN ] NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE

ч. <sup>н</sup>.

P.O. Box 12070

Austin, Texas 78711-2070

MUTUAL FUNDS	PART 4
acquired during the calendar year a some or all of the shares of a mutua	per of shares in that mutual fund that you, your spouse, or a dependent child held or and indicate the category of the number of shares of mutual funds held or acquired of fund were sold, also indicate the category of the amount of the net gain or loss realized see FORM PFSINSTRUCTION GUIDE.
	dependent child's activity , indicate the child about whom you are reporting by he child is listed on the Cover Sheet.
1 MUTUAL FUND Large (AP (Deferred Compensition)	American Century Littra, American Funds Browth, Fund A, BGIS, PSOD Stock, Fund Davis New York, Venture, A Fund TRowe Price, Fauity
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100       100 TO 499       500 TO 9999       1,000 TO 4,999         5,000 TO 9,999       10,000 OR MORE
4 IF SOLD	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
MUTUAL FUND Morgan Stunley	MC Focus Growth FdA
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	
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 MORE
IF SOLD	LESS THAN \$5,000 S5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
MUTUAL FUND ABA Retirement Fund	Stable Asset Return Fund; Intermediate Bond Fund; Balanced Fund, Mid Cap Value For with, Ma
SHARES OF MUTUAL FUND HELD ORACQUIRED BY	FILER SPOUSE DEPENDENT CHILD FUNC
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 MORE
IF SOLD	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
COPY	Y AND ATTACH ADDITIONAL PAGES AS NECESSARY

•

۰.

Austin, Texas 78711-2070

1-800-325-8506

PART 4

NOT APPLICABLE	

**MUTUAL FUNDS** 

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 from 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 nume		e child is listed on the			
1 MUTUAL FUND International	compansa hir a	American Ca Artisan Inte	entery Int	Ernational Eppenhunu	Browth r Global Fun
<sup>2</sup> SHARES OF MUTI HELD OR ACQUIR		Filer	SPOUSE		LD
3 NUMBER OF SHA OF MUTUAL FUNE		LESS THAN 100	100 TO 499	🔲 500 ТО 999 Е	🔲 1,000 ТО 4,999
4 IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
MUTUAL EUND SMUIL Cap [Deferved Co	mpenschins	Columbia / Cap Sock			Rfus Small
SHARES OF MUTU HELD OR ACQUIR		Filer			_D
NUMBER OF SHAF OF MUTUAL FUNE	-	LESS THAN 100	100 TO 499	<b>⊈</b> 500 ТО 999 Е	🔲 1,000 TO 4,999
IF SOLD	NET GAIN	LESS THAN \$5,000	<b>[]</b> \$5,000\$9,999	<b>[]</b> \$10,000\$24,999	S25,000OR MORE
MUTUAL FUND Mid Cap Showrod Con	mpensation	Artisar	n Mid Ĉi	up Fund	
SHARES OF MUTU HELD OR ACQUIR		Filer			.D
NUMBER OF SHAF OF MUTUAL FUND		LESS THAN 100	100 TO 499	🔲 500 ТО 999 Е	☐ 1,000 TO 4,999
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
	COPY	AND ATTACH ADDITIO	NAL PAGES AS NE	ECESSARY	

Texas Ethics Commiss	ion P.O. B	ox 12070 Austir	n, Texas 78711-207	0 (512) 463-5	5800 1-800-325-8506
MUTUAL FU	INDS				PART 4
	ABLE				
acquired during the some or all of the sh	calendar year an ares of a mutual f	d indicate the categor	y of the number of dicate the categor	shares of mutual fu	ependent child held or nds held or acquiredIf e net gain or loss realized
When reporting info providing the number	rmation about a c er under which the	lependent child's active e child is listed on the	vity , indicate the Cover Sheet.	child about whom you guard Mid	ou are reporting by
1 MUTUAL FUND North WLST	Mutual	Cap Horld Bo Columbia A		ge Mutua avis NY /	Market, Morgenna unture Page and
<sup>2</sup> SHARES OF MUTU HELD ORACQUIRE		West Deport Vest Deport Varguard Ind	Lispouse	DEPENDENT CHIL	Varguard Sil. Varguard Markel
3 NUMBER OF SHAR OF MUTUAL FUND	ES	LESS THAN 100	100 TO 499	☐ 500 ТО 999 Е	<b>1</b> ,000 TO 4,999
4 IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
MUTUAL FUND New Web Hrn -	Mgm+	American F American F	Funds Capit unds INC. und New	Fund of A Perspectiv	merica
SHARES OF MUTU HELD OR ACQUIRE					_D
NUMBER OF SHAR OF MUTUAL FUND	ES	LESS THAN 100	100 TO 499	 500 ТО 999 Е	1,000 TO 4,999
IF SOLD		LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000\$24,999</b>	\$25,000OR MORE
MUTUAL FUND AMERICAN	unds	Europacific C New Econom	Browth, Fitz y, New Pl murica	"damental I Ispective: C	Investors ost Mgmt Trust
SHARES OF MUTU/ HELD OR ACQUIRE		Filer			_D
NUMBER OF SHAR OF MUTUAL FUND	ES	LESS THAN 100	100 TO 499	🔲 500 ТО 999 Е	1,000 TO 4,999
IF SOLD		LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
	COPY	AND ATTACH ADDITIC	NAL PAGES AS NE	CESSARY	
					Revised 10/01/2009

·· · · ·

s · · ·

ſ

.

1-800-325-8506

INCOME FROM INTE	EREST, DIVID	ENDS, ROYAI	TIES & RENTS PART 5
	ents during the calend	lar year and indicate th	in excess of \$500 that was derived from ne category of the amount of the incomeor
When reporting information about providing the number under which			child about whom you are reporting by
<sup>1</sup> SOURCE OF INCOME	1 1409 Austin,	Pollyanna TX	D ADDRESS
<sup>2</sup> RECEIVED BY	FILER		
3 AMOUNT	\$500\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
SOURCE OF INCOME		NAME AND	) ADDRESS
RECEIVED BY			DEPENDENT CHILD
AMOUNT	\$500-\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
SOURCE OF INCOME		NAME AND	) ADDRESS
RECEIVED BY			
AMOUNT	\$500-\$4,999	\$5,000\$9,999	S10,000\$24,999 S25,000OR MORE
COPY A	AND ATTACH ADDI	TIONAL PAGES AS	NECESSARY

.

•. •.

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5					
	ents during the calend	ar year and indicate th	<i>in excess of \$500</i> that was derived from the category of the amount of the incom <b>E</b> or		
	When reporting information about a dependent child's activity , indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.				
<sup>1</sup> SOURCE OF INCOME Residential Home	106 L Austin,	name and ongspar TX	ADDRESS		
<sup>2</sup> RECEIVED BY	Filer	SPOUSE			
3 AMOUNT	\$500\$4,999	5,000\$9,999	\$10,000\$24,999		
source of income Residential Home	9409 / Aust	Meadow Hin, TX	Valu		
RECEIVED BY	Filer				
AMOUNT	\$500-\$4,999	\$5,000\$9,999	\$10,000-\$24,999 \$25,000-OR MORE		
source of income Residential Home	3717 c Austin,	TX NAME AND	ADDRESS		
RECEIVED BY	Filer				
AMOUNT	\$500\$4,999	\$5,000\$9,999 -	\$10,000\$24,999		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

•. • .

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

٦

PERSONAL NOTES AND LEASE AGREEMENTS PART 6				
NOT APPLICABLE				
a dependent child had a total finar	ncial liability of more calendar year and indi	than \$1,000 in the fo	on to whom you, your spouse, or orm of a personal note or notes or lease the amount of the liability or more informa-	
When reporting information about providing the number under which			child about whom you are reporting by	
1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
<sup>2</sup> LIABILITY OF	Filer		DEPENDENT CHILD	
<sup>3</sup> GUARANTOR				
4 AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF			DEPENDENT CHILD	
GUARANTOR				
AMOUNT	\$1,000\$4,999	<b>\$</b> 5,000–\$9,999	\$10,000\$24,999 \$25,000OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			· · · · · · · · · · · · · · · · · · ·	
LIABILITY OF	Filer	SPOUSE		
GUARANTOR				
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

· .

۰.

Austin, Texas 78711-2070

(512) 463-5800

# INTERESTS IN REAL PROPERTY

PART 7A

Revised 10/01/2009

NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from these For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

<sup>1</sup> HELD OR ACQUIRED BY				
STREET ADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	11409 Aush	V/Vana	LUDING CITY, COUNTY, AND STATE	
<sup>3</sup> DESCRIPTION	Single Resi	NUMBER OF LOTS OR AGRES Family dence Trai	and name of county where located	
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	,	in Colo ry1 Colo		
<sup>5</sup> IF SOLD	LESS THAN	\$5,000 🗌 \$5,000\$9,9	99 🔲 \$10,000\$24,999 🗌 \$25,000OR MORE	
HELD OR ACQUIRED BY	FILER		DEPENDENT CHILD	
STREET ADDRESS	7200 / Aust	STREET ADDRESS, INCL NSPIYATION	UDING CITY, COUNTY, AND STATE	
DESCRIPTION	Single Under	family p	AND NAME OF COUNTY WHERE LOCATED	
NAMES OF PERSONS RETAINING AN INTEREST	Kev St	n Cole hen/1 Col		
IF SOLD	LESS THAN	\$5,000 🗌 \$5,000\$9,99	99 S10,000\$24,999 \$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

.

۰.

(512) 463-5800

#### 1-800-325-8506

# INTERESTS IN REAL PROPERTY

PART 7A

NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sa For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS---INSTRUCTION GUIDE.

<sup>1</sup> HELD OR ACQUIRED BY		SPOUSE	DEPENDENT CHILD
STREET ADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	1304. Ausi	Parkwood hn, TX	LUDING CITY, COUNTY, AND STATE
<sup>3</sup> DESCRIPTION	Sing Le Trav	Family /	AND NAME OF COUNTY WHERE LOCATED
<sup>4</sup> NAMES OF PERSONS RETAINING AN INTEREST ONT APPLICABLE (SEVERED MINERAL INTEREST)	Ke	win Coli Sheryl Col	l
5 IF SOLD	LESS THAN	N \$5,000 S5,000\$9,9	99 \$10,000\$24,999 \$25,000OR MORE
HELD OR ACQUIRED BY	Filer	SPOUSE	DEPENDENT CHILD
STREET ADDRESS	9409	STREET ADDRESS, INCL	
STREET ADDRESS	9409 SLine	STREET ADDRESS, INC. Meadow Va Aucha Tu NUMBER OF LOTS OR ACRES. 9 Le Family	UDING CITY, COUNTY, AND STATE
STREET ADDRESS	9409 Sine Kevin	STREET ADDRESS, INCL Mladow Va Auchn TI	AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS	9409 Sing Kevin She	STREET ADDRESS, INC. Meadow Va Aucha, Th NUMBER OF LOTS OR ACRES. Gle Family Tavis Cou Cole M/ Cole	AND NAME OF COUNTY WHERE LOCATED

• . •

(512) 463-5800

1-800-325-8506

# INTERESTS IN REAL PROPERTY

PART 7A

NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from these For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS---INSTRUCTION GUIDE.

HELD OR ACQUIRED BY	FileR	SPOUSE	
STREET ADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	3717 C Austi	NOWNOVUN NOWNOVUN M, TX	DING CITY, COUNTY, AND STATE
<sup>3</sup> DESCRIPTION LOTS ACRES	Singu Tra	NUMBER OF LOTS OR ACRES AN FAMILY K USS County	NO NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST	Kevi She	n Cole - ry Cole	/
<sup>5</sup> IF SOLD NET GAIN NET LOSS	LESS THAN	\$5,000 🗌 \$5,000\$9,99	9 🔲 \$10,000\$24,999 🔲 \$25,000OR MORE
HELD OR ACQUIRED BY	Filer		
STREET ADDRESS	106 L An	street address, inclu ISPUT	DING CITY, COUNTY, AND STATE
	2,.	NUMPER OF LOTS OF ACTES	
DESCRIPTION LOTS ACRES	Single Tra	· Al ·	ND NAME OF COUNTY WHERE LOCATED
	Ira	· Al ·	
LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST	Tra Ke Sh	vis County win Cole enfl Coll	AD NAMEOF COUNTY WHERE LOCATED SCINCL 9 □\$10,000\$24,999 □\$25,000OR MORE

÷

(512) 463-5800

### 1-800-325-8506

# INTERESTS IN REAL PROPERTY

PART **7A** 

NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from these For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

<sup>1</sup> HELD OR ACQUIRED BY	Filer		DEPENDENT CHILD
STREET ADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	1605 6 Nicht	ANALY UNS A Falls, 1	SLUDING CITY, COUNTY, AND STATE
3 DESCRIPTION	Sing Le W	NUMBER OF LOTS OR ACRES	AND NAME OF COUNTY WHERE LOCATED
ANAMES OF PERSONS RETAINING AN INTEREST	Kevin	Oble Sherift	Cole
<sup>5</sup> IF SOLD		\$5,000 \$5,000\$9,	999 \$10,000\$24,999 \$25,000OR MORE
HELD OR ACQUIRED BY	Filer		
STREET ADDRESS		STREET ADDRESS, INC	LUDING CITY, COUNTY, AND STATE
		NUMBER OF LOTS OR ACRES	AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST			
IF SOLD		、 、	99 \$10,000-\$24,999 \$25,000OR MORE
	LESS THAN \$	.5,000 L \$5,000\$9,9	99 _ \$10,000\$24,999 _ \$25,000OK MORE

• .

۰,

Austin,	Texas	78711-2070

# **INTERESTS IN REAL PROPERTY**

PART 7A

NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sport of an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS---INSTRUCTION GUIDE

<sup>1</sup> HELD OR ACQUIRED BY	FILER		
STREET ADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	4101 1	AUSIAN,	JOINS CITY, COUNTY, AND STATE
<sup>3</sup> DESCRIPTION LOTS ACRES	Sing le Th		ND NAME OF COUNTY WHERE LOCATED
<sup>4</sup> NAMES OF PERSONS RETAINING AN INTEREST	Kev	m Colo enfl Cole	
5 IF SOLD	LESS THAN	\$5,000 \$5,000\$9,99	99 🔲 \$10,000\$24,999 🔲 \$25,000OR MORE
HELD OR ACQUIRED BY	FILER		
STREET ADDRESS	5704	Purple Sag	IDING CITY, COUNTY, AND STATE
	Single Tr	number of lots or acres at amily lot am's Count	
NAMES OF PERSONS RETAINING AN INTEREST	Kevr, Shenj	n Colo 11 Cole	
IF SOLD	LESS THAN	\$5,000 🔲 \$5,000\$9,998	9 🔲 \$10,000\$24,999 🗌 \$25,000OR MORE
	· · · · · · · · · · · · · · · · · · ·		

## INTERESTS IN BUSINESS ENTITIES

PART **7B** 

#### NOT APPLICABLE

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 these 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 \_\_\_\_ NAME AND ADDRESS 2 DESCRIPTION (Check If Filer's Home Address) <sup>3</sup> 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 DEPENDENT CHILD \_\_\_\_\_ SPOUSE NAME AND ADDRESS (Check If Filer's Home Address) DESCRIPTION IF SOLD LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE NET GAIN NET LOSS HELD OR ACQUIRED BY SPOUSE DEPENDENT CHILD \_\_\_\_\_ NAME AND ADDRESS DESCRIPTION (Check If Filer's Home Address) IF SOLD LESS THAN \$5,000 S5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE NET GAIN □ NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009

Texas Ethics Commission P.	O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-850
GIFTS				PART 8
Identify any person or organization describe the gift. Do not include: under chapter 305 of the Govern person related to the recipient wi -INSTRUCTION GUIDE. When reporting information about providing the number under which	1) expenditures re iment Code; 2) po thin the second de ut a dependent ch	equired to be reported by a pe- litical contributions reported a gree by consanguinity or <b>an</b> ity ild's activity , indicate the ch	erson required to be regis as required by law; or 3) y. For more information,s	tered as a lobby gifts given by a see FORM PFS-
1 DONOR		NAME AND A	DDRESS	
<sup>2</sup> RECIPIENT	Filer			
3 DESCRIPTION OF GIFT				
DONOR		NAME AND A	DDRESS	
DONOK				
RECIPIENT		SPOUSE		
DESCRIPTION OF GIFT				
DONOR		NAME AND A	DDRESS	
RECIPIENT	Filer			
DESCRIPTION OF GIFT				

exas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-207	0 (512) 463-5800	1-800-325-85
TRUSTINCOME				PART 9
Identify each source of incor category of the amount of in <i>than \$500</i> in income, if the id When reporting information providing the number under	come received Also id dentity of the asset is about a dependent cl	dentify each asset of the trus knownFor more information, nild's activity , indicate the o	st from which the benefi see FORM PFSINSTI	ciary receive <i>thore</i> RUCTION GUIDE
SOURCE		NAME O	FTRUST	
BENEFICIARY	Filer			D
INCOME		AN \$5,000 🔲 \$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIV	ED			
SOURCE	·	NAME OF	F TRUST	······································
BENEFICIARY	Filer			D
INCOME		AN \$5,000 🔲 \$5,000-\$9,999	\$10,000\$24,999	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIV	ED			
SOURCE		NAME OF	FTRUST	
BENEFICIARY				D
INCOME		AN \$5,000 🔲 \$5,000\$9,999	<b>\$10,000\$24,999</b>	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIV	ED			

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506
BLIND TRUSTS				PART <b>10A</b>
	complies with section	572.023(c) of the Government	Codⅇ FORM PFSIN	ISTRUCTION
When reporting information providing the number under		ild's activity , indicate the child don the Cover Sheet.	d about whom you are r	eporting by
<sup>1</sup> NAME OF TRUST				
<sup>2</sup> TRUSTEE		NAME AND ADD	RESS	
<sup>3</sup> BENEFICIARY				
<sup>4</sup> FAIR MARKET VALUE		N \$5,000 \$5,000\$9,999	\$10,000\$24,999 🔲 \$25,	000OR MORE
<sup>5</sup> DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME AND ADD	NRESS	
BENEFICIARY	FileR			
FAIR MARKET VALUE		<b>1</b> \$5,000 \$5,000-\$9,999	\$10,000\$24,999 🔲 \$25,	000OR MORE
DATE CREATED			· .	
NAME OF TRUST				
TRUSTEE		NAME AND ADD	RESS	
BENEFICIARY	Filer			
FAIR MARKET VALUE		\$5,000 \$5,000\$9,999	\$10,000\$24,999 \$25,	000OR MORE
DATE CREATED				
CO	PY AND ATTACH	ADDITIONAL PAGES AS NE	CESSARY	

÷ •,

. .

.

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800	-325-8506
TRUSTEE STAT	EMENT			PART	10B
	ustee of each blind trus	ust on Part 10A of the Personal t listed on Part 10AThe portions o			
1 NAME OF TRUST					
<sup>2</sup> TRUSTEE NAME					
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED		NAME			
4 TRUSTEE STATEMENT	trust except informati	y of perjury, that I have not revealed a on that may be disclosed under sect best of my knowledge, the trust con	ion 572.023 (b)(8) of t	he Gover	nment
		Trustee	Signature		
§ 572.023. Contents of Fir	nancial Statement in G	Seneral			
(b) The account of financia	-				
than a blind trust th	at complies with Subsect	egory of the amount of all income ction (ç)and identification of each t eneficiary in excess of \$500;			
	-	complies with Subsection (c), inclu	uding:		
(A) the cate	egory of the fair market	value of the trust;	-		
• •	e the trust was created;				
(C) the nan	ne and address of the t	rustee; and			
(D) a stater	nent signed by the trus	tee, under penalty of perjury statir	ng that:		
	rustee has not revealed Subdivision (8); and	any information to the individual, e	xcept information tha	t may be	disclosed
(ii) to th	ne best of the trustee's	knowledge, the trust complies wit	h this section.		
(c) For purposes of Subsec	tions (b)(8) and (14), a	blind trust is a trust as to which:			
(1) the trustee:					
(A) is a disi	interested party;				
(B) is not th	ne individual;				
(C) is not re	equired to register as a	lobbyist undeChapter 305;			
(D) is not a	public officer or public	employee; and			
(E) was not supervises;	••	ce by the individual or by a public	officer or public empl	loyee the	e individua
	complete discretion to r sulting or notifying the ir	nanage the trust, including the po ndividual.	ower to dispose of ar	nd acqui	re trust
(d) If a blind trust under Sub amendment to the individual		while the individual is subject to thi			

-

÷ \*.

...

## ASSETS OF BUSINESS ASSOCIATIONS

PART **11A** 

NOT APPLICABLE

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

When reporting information about a dependent child's activity , indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> BUSINESS ASSOCIATION	The Cole . 4101 Will	Lan D (Check If Filer WOOD Rd	ADDRESS 's Home Address ) Firm AUSHIN, TX	78722
<sup>2</sup> BUSINESS TYPE	Law Fi	rm		
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY		SPOUSE		CHILD
<sup>4</sup> ASSETS	Accounts	Recuidable	CATE LESS THAN \$5,000	GORY \$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
~			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
	·····		LESS THAN \$5,000	\$5,000-\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
C	OPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY	

· ·

LIABILITIES OF	<b>BUSINESS ASSO</b>	CIATIONS	PART 11	в
corporation, professional dent child held, acquired, of the assets. For more in	association, joint venture, or or or sold 50 percent or more of nformation see FORM PFS-IN	other business ass the outstanding ov STRUCTION GUI	ership, limited liability partnership, professio sociation in which you, your spouse, or a de wnership and indicate the category of the an DE the child about whom you are reporting by	epen- noun
	ler which the child is listed on	the Cover Sheet.		
<sup>1</sup> BUSINESS ASSOCIATION	The Cole Law 1 4101 Wildwood	From (Check If Filer	ADDRESS 's Home Address) Hin, TX 78722	
<sup>2</sup> BUSINESS TYPE			,	
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY		SPOUSE		
<sup>4</sup> LIABILITIES	DESCRIPTION Rent Credit Ca	urd Left	CATEGORY	٤E
			LESS THAN \$5,000 S5,000\$9,999	٤E
			│ │	۲. E
			   □ LESS THAN \$5,000 □ \$5,000\$9,999   □ \$10,000\$24,999 □ \$25,000OR MOR	E
			LESS THAN \$5,000 \$5,000\$9,999	٤E
			LESS THAN \$5,000 \$5,000\$9,999	E
			LESS THAN \$5,000 \$5,000\$9,999	E
			LESS THAN \$5,000 \$5,000\$9,999	:E
	COPY AND ATTACH ADDI	TIONAL PAGES	AS NECESSARY	

Revised 10/01/2009

...

in and the second

٠.

# **BOARDS AND EXECUTIVE POSITIONS**

PART 12

NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position heldFor 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.

<sup>1</sup> ORGANIZATION	Downtow	n Austin All	liance
<sup>2</sup> POSITION HELD	Bonrd.	Member	
<sup>3</sup> POSITION HELD BY	FILER		
ORGANIZATION	United	Way	
POSITION HELD	Board 1	Member	
POSITION HELD BY	Filer		
ORGANIZATION	Urban K	enewal agen	
POSITION HELD	Board.	Member	
POSITION HELD BY		SPOUSE	
ORGANIZATION	St. David	's Community	fliatth Foundation
POSITION HELD	2,00	rd Member	
POSITION HELD BY			
ORGANIZATION			
POSITION HELD			
POSITION HELD BY			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

**PART 13** 

# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

NOT APPLICABLE

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS–INSTRUCTION GUIDE

<sup>1</sup> PROVIDER	NAME AND ADDRESS	
<sup>2</sup> AMOUNT		
PROVIDER	NAME AND ADDRESS	
AMOUNT		
PROVIDER	NAME AND ADDRESS	
AMOUNT		
PROVIDER	NAME AND ADDRESS	
AMOUNT		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY		

÷ •.

Γ

	ESS IN COM	MON WITH L	OBBYIST PART 14	
sional association, joint venture, or	other business asso person registered a	ociation, other than a j s a lobbyist under chap	v partnership, professional corporation, pfes publicly-held corporation, in which you, you oter 305 of the Government Code that both h	
<sup>1</sup> BUSINESS ENTITY			AND ADDRESS	
<sup>2</sup> INTEREST HELD BY				
BUSINESS ENTITY		NAME A	ND ADDRESS	
INTEREST HELD BY	Filer			
BUSINESS ENTITY		NAME A	ND ADDRESS	
INTEREST HELD BY				
BUSINESS ENTITY	<u> </u>	NAME A	ND ADDRESS	
· · · · · · · · ·				
INTEREST HELD BY				
BUSINESS ENTITY		NAME A	ND ADDRESS	
INTEREST HELD BY		SPOUSE	DEPENDENT CHILD	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Commission P.O.	Box 12070 Austin	n, Texas 78711-207	70 (512) 463-5	5800 1-800-325-8506
FEES RECEIVED FOI TO A LOBBYIST OR L			~	part 15
Report any fee you received for prov chapter 305 of the Government Code sates or reimburses a person require services were provided, and indicate INSTRUCTION GUIDE.	, or for providing services ed to be registered as a	to or on behalf of a lobbyistReport the	person you actually name of each perso	know directly compen- on or entity for which the
<sup>1</sup> PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	\$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	- - -			
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	r			
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	\$25,000OR MORE
COPY A	ND ATTACH ADDITIC	NAL PAGES AS	NECESSARY	

΄.

۰.

Revised 10/01/2009

5....

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-207	0 (512) 463-5800	1-800-325-8506
REPRESENTAT STATE AGENCY		LATOR BEFORE		PART 16
NOTAPPLICABLE				

This section applies only to members of the Texas Legislature. A member of theTexas Legislature who represents a person for compensation before a st ate 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 ministerialtac 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.

<sup>1</sup> STATE AGENCY			
<sup>2</sup> PERSON REPRESENTED			
3 FEE CATEGORY	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE		
STATE AGENCY			
PERSON REPRESENTED			
FEE CATEGORY	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE		
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 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE		
COPY A	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY		
	Revised 10/01/2009		

\*

٠.

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

BENEFITS DER PUBLIC SERVA	VED FROM FUNCTIONS HONORING PART 17
to a benefit derived from a of the Government Code of reported in the statement activities in connection wit	I Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply function in honor or appreciation of a public servant required to file a statement under chapter 257 or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1 and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or h the office which are nonreimbursable by the state or a political subdivision ff such a benefit is d by the public servant under title 15 of the Election Code, the benefit is reportable here or solutions.
<sup>1</sup> SOURCE OF BENEFIT	NAME AND ADDRESS
<sup>2</sup> BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	х.
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
C	OPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

٠.

~

Austin, Texas 78	711-2070
------------------	----------

LEGISLATIVE CONT	INUANCES	5	PART <b>18</b>	
NOT APPLICABLE				
Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.				
<sup>1</sup> NAME OF PARTY REPRESENTED				
<sup>2</sup> DATE RETAINED				
<sup>3</sup> STYLE, CAUSE NUMBER, COURT & JURISDICTION				
4 DATE OF CONTINUANCE APPLICATION				
5 WAS CONTINUANCE GRANTED?	T YES	00 I		
NAME OF PARTY REPRESENTED				
DATE RETAINED				
STYLE, CAUSE NUMBER, COURT, & JURISDICTION				
DATE OF CONTINUANCE APPLICATION				
WAS CONTINUANCE GRANTED?	Tes .			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

۰.

#### 1-800-325-8506

# 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, 2009, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

. .

Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said <u>SNEW</u> OUL\_\_\_\_, this the <u>30</u> day of \_\_\_\_\_\_

ViZ

Admin Specialist

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

PERSON	AL FINANCIAL STATEMENT	FORM <b>PFS</b> COVER SHEET		
For filings requ	n accordance with chapter 572 of the Government Code. uired in 2011, covering calendar year ending December 31, 2010. RM PFSINSTRUCTION GUIDE when completing this form.	TOTAL NUMBER OF PAGES FILED:		
1 NAME	TITLE: FIRST: MI			
	NICKNAME; LAST; SUFFIX			
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4401 Wild add 000 Aushin, Tx 18722 (CHECK IF FILER'S HOME ADDRESS)	PII 1 PII Amount		
<sup>3</sup> TELEPHONE	AREA CODE PHONE NUMBER; EXTENSION	Date Processed		
NUMBER	(512) 419-1539	Date Imaged		
4 REASON FOR FILING STATEMENT 5 -	CANDIDATE ELECTED OFFICER APPOINTED OFFICER EXECUTIVE HEAD FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR OTHER OTHER	(INDICATE OFFICE) (INDICATE AGENCY) (INDICATE AGENCY) (INDICATE AGENCY) (INDICATE PARTY) (INDICATE POSITION)		
dependent children	hose financial activity you are reporting (filer must report information about the if the filer had actual control over that activity):			
	HILD 1			
	2			
	3			
In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity.				

#### COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

(512) 463-5800

SOURCES OF OCCU	PATIONAL IN	COME	PART <b>1A</b>
NOTAPPLICABLE			
When reporting information about providing the number under which			he child about whom you are reporting by
<sup>1</sup> INFORMATION RELATES TO			DEPENDENT CHILD
<sup>2</sup> EMPLOYMENT	Cole	Law F	DE EMPLOYER / POSITION HELD Filer's Home Address)
EMPLOYED BY ANOTHER	4101	Wildu	1000 Rd 18122
	Aush	N, TX	7872Z
SELF-EMPLOYED		NATURE	DF OCCUPATION
INFORMATION RELATES TO		SPOUSE	
EMPLOYMENT			FEMPLOYER / POSITION HELD iller's Home Address)
		NATURE (	DF OCCUPATION
INFORMATION RELATES TO		SPOUSE	DEPENDENT CHILD
EMPLOYMENT			FEMPLOYER / POSITION HELD iler's Home Address)
			DF OCCUPATION
COPY A	ND ATTACH ADDIT	IONAL PAGES A	AS NECESSARY

www.ethics.state.tx.us

PART 1B

# RETAINERS

NOTAPPLICABLE

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. For more information, *see* FORM PFS–INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> FEE RECEIVED FROM	NAME AND ADDRESS		
<sup>2</sup> FEE RECEIVED BY	NAME OF BUSINESS		
	I FILER OR FILER'S BUSINESS		
x			
	DEPENDENT CHILD OR CHILD'S BUSINESS		
<sup>3</sup> FEE AMOUNT	☐ LESS THAN \$5,000		
FEE RECEIVED FROM	NAME AND ADDRESS		
FEE RECEIVED BY	NAME OF BUSINESS		
	I FILER OR FILER'S BUSINESS		
	OR SPOUSE'S BUSINESS		
	DEPENDENT CHILD OR CHILD'S BUSINESS		
FEE AMOUNT	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

www.ethics.state.tx.us

P.O. Box 12070

Austin, Texas 78711-2070

PART 2

STOCK

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

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> BUSINESS ENTITY			N/	AME	
<sup>2</sup> STOCK HELD OR ACQUIRED BY				DEPENDENT CHI	LD
<sup>3</sup> NUMBER OF SH	ARES	LESS THAN 100	🗌 100 ТО 499	🔲 500 ТО 999	1,000 TO 4,999
		🔲 5,000 ТО 9,999	🗌 10,000 OR MOR	10,000 OR MORE	
4 IF SOLD		LESS THAN \$5,000	<b>\$5,000\$9,999</b>	\$10,000\$24,999	\$25,000OR MORE
BUSINESS ENTI	ſY		NA	AME	
STOCK HELD OF	R ACQUIRED BY				LD
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	🔲 500 ТО 999	🗌 1,000 TO 4,999
		🔲 5,000 ТО 9,999	🗌 10,000 OR MOR	E	
IF SOLD	🗌 NET GAIN	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	<b>\$10,000\$24,999</b>	\$25,000OR MORE
BUSINESS ENTIT	ΓY		NA	ME	
STOCK HELD OR	ACQUIRED BY				_D
NUMBER OF SH	ARES	LESS THAN 100	🗌 100 TO 499	🔲 500 ТО 999	1,000 TO 4,999
		🔲 5,000 ТО 9,999	10,000 OR MORE		
IF SOLD	NET GAIN  NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
BUSINESS ENTIT	ſΥ		NA		
STOCK HELD OR	ACQUIRED BY				
NUMBER OF SHA		LESS THAN 100	□ 100 TO 499	500 TO 999	□ 1,000 TO 4,999
NUMBER OF SHA		5,000 TO 9,999	10,000 OR MOR		1,000 10 4,335
IF SOLD			_		
		LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
BUSINESS ENTITY			NA	ME	
STOCK HELD OR ACQUIRED BY					.D
NUMBER OF SHARES		LESS THAN 100	🗌 100 TO 499	500 TO 999	1,000 TO 4,999
		🔲 5,000 ТО 9,999	10,000 OR MOR	E .	
IF SOLD		LESS THAN \$5,000	<b>\$5,000\$9,999</b>	 \$10,000\$24,999	S25,000OR MORE
	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

www.ethics.state.tx.us

1

ſ

Austin, Texas 78711-2070

(512) 463-5800 (TI

BONDS, NOTES & OTHER COMMERCIAL PAPER PART 3			
calendar year. If sold, indicate th information, see FORM PFSINSTI When reporting information abou	t a dependent child's activity, indicate the child about whom you are reporting by		
providing the number under which DESCRIPTION OF INSTRUMENT	the child is listed on the Cover Sheet.		
<sup>2</sup> HELD OR ACQUIRED BY			
<sup>3</sup> IF SOLD	☐ LESS THAN \$5,000		
DESCRIPTION OF INSTRUMENT			
HELD OR ACQUIRED BY			
IF SOLD	☐ LESS THAN \$5,000		
DESCRIPTION OF INSTRUMENT			
HELD OR ACQUIRED BY			
IF SOLD	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			
www.ethics.state.tx.us	Revised 11/17/2010		

P.O. Box 12070

Austin, Texas 78711-2070

MUTUAL FUNDS PART 4			
NOTAPPLICABLE			
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS–INSTRUCTION GUIDE.			
When reporting information about a providing the number under which the	•	ctivity, indicate the child about whom you are reporting by over Sheet.	
1 MUTUAL FUND Amurican Funds	Bond Fu	nd of America	
<sup>2</sup> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY			
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999	
	🔲 5,000 ТО 9,999	10,000 OR MORE	
4 IF SOLD     ☐ NET GAIN     ☐ NET LOSS	LESS THAN \$5,000	☐ \$5,000\$9,999 ☐ \$10,000\$24,999 ☐ \$25,000OR MORE	
MUTUAL FUND La Hege America (American Funds)	American American	Fund NAME Cap. Inc. Builder Funds ( Grow the Fund of Amurica )	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE DEPENDENT CHILD	
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 10,000 OR MORE	
IF SOLD	LESS THAN \$5,000	□ \$5,000\$9,999 □ \$10,000-\$24,999 □ \$25,000OR MORE	
MUTUAL FUND College America American Funds	Americans American	Funds NAME Cap. Inc Funds browth Fund of America	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY			
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999	
	🔲 5,000 ТО 9,999	10,000 OR MORE	
IF SOLD INET GAIN	LESS THAN \$5,000	☐ \$5,000\$9,999 ☐ \$10,000\$24,999 ☐ \$25,000OR MORE	
COPY	AND ATTACH ADDITIO	NAL PAGES AS NECESSARY	

.

۰,

Austin, Texas 78711-2070

(512) 463-5800

BONDS, NOTES & O	THER COMMERCIAL PAPER PART 3
	mmercial paper held or acquired by you, your spouse, or a dependent child during the category of the amount of the net gain or loss realized from the sale. For more RUCTION GUIDE.
	a dependent child's activity , indicate the child about whom you are reporting by the child is listed on the Cover Sheet.
1 DESCRIPTION OF INSTRUMENT	
<sup>2</sup> HELD OR ACQUIRED BY	
IF SOLD	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	
IF SOLD	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	
IF SOLD	LESS THAN \$5,000 \$5,000-\$9,999 \$10,000\$24,999 \$25,000OR MORE
СОРҮ А	ND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 10/01/2009

(512) 463-5800 1-800-325-8506 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission **MUTUAL FUNDS** PART 4 NOT APPLICABLE 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 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. urican ( Phi 1 MUTUAL FUND Fund A, BGIS, PSor Stock, A Fund TROWG Pric SHARES OF MUTUAL FUND T FILER SPOUSE DEPENDENT CHILD HELD OR ACQUIRED BY **3 NUMBER OF SHARES** LESS THAN 100 100 TO 499 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 5.000 TO 9,999 10,000 OR MORE 4 IF SOLD NET GAIN \$5.000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 NET LOSS MUTUAL FUND MC Focus Growth FdA waan SHARES OF MUTUAL FUND FILER **P**SPOUSE DEPENDENT CHILD HELD OR ACQUIRED BY NUMBER OF SHARES LESS THAN 100 100 TO 499 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 10,000 OR MORE IF SOLD NET GAIN LESS THAN \$5,000 S5.000--\$9,999 \$10.000--\$24,999 \$25,000--OR MORE NET LOSS Stable Asset Koturn Fund, Intermed MUTUAL FUND froment hund Fund; Balanced Fund, Mid Cap W SHARES OF MUTUAL FUND FILER SPOUSE DEPENDENT CHILD HELD ORACQUIRED BY NUMBER OF SHARES 100 TO 499 LESS THAN 100 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 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 COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS       PART 4         Image:	Texas Ethics Commiss	ion P.O. E	Box 12070 Aust	in. Texas 78711-20	70 (512) 463-	5800 1-800-325-8506
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 grow 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 PORM PFS-INSTRUCTION GUIDE.	MUTUAL FU	INDS				PART 4
acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired from the sale. For more information, see FORM PFSINSTRUCTION GUIDE. When reporting information about a dependent child's activityindicate the child about whom you are reporting by		ABLE				
providing the number under which the child is listed on the Cover Sheet. In guard Min Cap Barguard Marked Internal Provided Cover Sheet. Internal Provided Provid	acquired during the some or all of the sh	calendar year ar hares of a mutual	nd indicate the catego fund were sold, also i	ry of the number of ndicate the categor	f shares of mutual fu	inds held or acquired if
Morth Miss       Mutual       Columbia       Acorn       Int'I       Bavis       Northure       Page and         Alta M.       Management       A       Order a       Order (Int)       Interpretation       Authors Not (Int)         2       Shares or Mutual Fund       Interpretation       Interpretation       Interpretation       Interpretation       Interpretation         3       NUMBER OF SHARES       Interpretation       Interpretation       Interpretation       Interpretation       Interpretation       Interpretation       Interpretation         3       NUMBER OF SHARES       Inter Gain       Itess Than 100       100 to 499       500 to 9.999       \$10.000-\$24.999       \$25.000-OR MORE         4       IF SOLD       Inter Gain       Itess Than \$5,000       \$5.000-\$9.999       \$10.000-\$24.999       \$25.000-OR MORE         MUTUAL FUND       Inter Can       Funds       Inter Can       Funds       Inter Can         MUTUAL FUND       Inter Can       Funds       Inter Can       Funds       Inter Can         MUTUAL FUND       Files       Isson to 9.999       10000 on MORE       Inter Can       Inter Can         IF SOLD       Inter Gain       Itess Than \$5.000       Isson to 9.999       Intoon to 4.999       Intoon to 4.999	When reporting info providing the number	rmation about a er under which th	dependent child's act e child is listed on the	ivity , indicate the Cover Sheet.	child about whom y	ou are reporting by
HELD OR ACQUIRED BY       If FIGH       If SOLD       If DEPENDENT CHILD       Monthly         3       NUMBER OF SHARES OF MUTUAL FUND       ILESS THAN 100       100 TO 499       500 TO 999       If 000 TO 4.999         4       IF SOLD       INET GAIN       ILESS THAN 55,000       \$55,000-\$9,999       IS 10.000-\$24,999       \$25,000-OR MORE         4       IF SOLD       INET GAIN       ILESS THAN 55,000       \$55,000-\$9,999       IS 10.000-\$24,999       \$25,000-OR MORE         MUTUAL FUND       Mmet LOSS       Ametrican Funds Control of Ametrica Immerican Funds Inter Ametrican Funds Inter Control of Ametrica Immerican Funds Inter Ametrican Funds Inter Control of Ametrica         SHARES OF MUTUAL FUND       FILER       SPOUSE       DEPENDENT CHILD         NUMBER OF SHARES OF MUTUAL FUND       ILESS THAN 100       100 TO 499       500 TO 999       1.000 TO 4.999         IF SOLD       INET GAIN       ILESS THAN 55,000       \$55,000-\$9,999       \$10,000-\$24,999       \$25,000-OR MORE         IF SOLD       INET GAIN       ILESS THAN 55,000       \$55,000-\$9,999       \$10,000-\$24,999       \$25,000-OR MORE         IF SOLD       INET CAN       ILESS THAN 55,000       \$55,000-\$9,999       \$10,000-\$24,999       \$25,000-OR MORE         MUTUAL FUND       INET CAN       ILESS THAN 55,000       \$55,000-\$9,999	AC 3. 1	Mutuai ument	Columbia A Columbia A Col Doclar d		N	Market, Mon unture Page and A Metropolitar
OF MUTUAL FUND			FILER Vanauard In	A SPOUSE	DEPENDENT CHI	Vanguard Sul. Vannu Mariu
Image:		ES		_	-	4,000 TO 4.999
INCAN INCLICATION FUNDS       Impericant Funds INC. Funds INC. Funds of Immerical Impericant Funds INC. Funds of Immerical Impericant Funds INC. Funds of Immericant funds         SHARES OF MUTUAL FUND       If ILER       Ispouse       Idependent child         NUMBER OF SHARES       Iless than 100       100 to 499       500 to 999       1.000 to 4.999         OF MUTUAL FUND       Issource       Issource       100 to 499       500 to 999       1.000 to 4.999         IF SOLD       Inet GAIN       Iless than \$5,000       \$5.000-\$9.999       Istource       \$25.000-OR MORE         MUTUAL FUND       Iless than \$5,000       \$5.000-\$9.999       Istource       \$25.000-OR MORE         MUTUAL FUND       Inet GAIN       Iless than \$5.000       \$5.000-\$9.999       Istource       \$25.000-OR MORE         MUTUAL FUND       Europacific Conomil, NEW Furgetone Cost Market Trust       Immericanter Trust       The State of Market Trust         SHARES OF MUTUAL FUND       If Iler       Ispouse       Idependent child       Immericanter         NUMBER OF SHARES       Iless than 100       Ioo to 499       Ioo to 4.999       Ioo to 4.999         NUMBER OF SHARES       Iless than 100       Ioo to 499       Ioo to 4.999       Ioo to 4.999         IF SOLD       Inet GAIN       Iless than \$5.000       Iso to 9.999       Ioo	4 IF SOLD		LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000OR MORE
HELD ORACQUIRED BY       IFILER       SPOUSE       IDEPENDENT CHILD         NUMBER OF SHARES OF MUTUAL FUND       ILESS THAN 100       100 TO 499       500 TO 999       1.000 TO 4.999         IF SOLD       INET GAIN       ILESS THAN 55,000       IS 5.000 OR MORE       IS 5000-\$24,999       IS 10.000-\$24,999       IS 25.000-OR MORE         MUTUAL FUND       ILESS THAN \$5,000       IS 5.000-\$9,999       IS 10.000-\$24,999       IS 25.000-OR MORE         MUTUAL FUND       ELUC CPACIFIC       OF WITA, FUND       ELUC CPACIFIC       INTUCTION         MUTUAL FUND       ELUC CPACIFIC       OF MUTUAL FUND       INTUCT CONTINUE       INTUCT COST         SHARES OF MUTUAL FUND       HUST OF AMOUNT COST       INTUCT COST       INTUCT         NUMBER OF SHARES       ILESS THAN 100       IO0 TO 499       ID 00 TO 4.999         NUMBER OF SHARES       ILESS THAN 100       IO0 TO 499       ID 00 TO 4.999         IF SOLD       INET GAIN       ILESS THAN 55,000       IS 5.000-\$9.999       ID 0.000 OR MORE         IF SOLD       INET GAIN       ILESS THAN 55,000       IS 5.000-\$9.999       ID 0.000 OR MORE		Mgm+	American F	Funds Caper Funds INC. Fund New	Fund of A. Perspectil	merica re
OF MUTUAL FUND       Image: State of the st						LD
Image: International internatione internatinternatintered international international internation		ES		_		1,000 TO 4.999
FUNAL       Trust of Mutrico         SHARES OF MUTUAL FUND       Ifiler       SPOUSE       DEPENDENT CHILD         NUMBER OF SHARES       I LESS THAN 100       100 TO 499       500 TO 999       1.000 TO 4,999         OF MUTUAL FUND       I LESS THAN 100       100 TO 499       500 TO 999       1.000 TO 4,999         IF SOLD       NET GAIN       I LESS THAN \$5,000       \$5.000-\$9.999       \$10,000-\$24,999       \$25,000-OR MORE	IF SOLD		LESS THAN \$5,000	\$5.000\$9,999	\$10.000\$24,999	\$25.000OR MORE
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY       Image: File file file file file file file file f		unds	Europacific New Econom	Nº .	redamental inspective C	Investors of Mgmt Trust
OF MUTUAL FUND       Image: constrained for the second of th			Priler Pfiler			LD
Image: Net cost       Image: Less than \$5,000       \$5.000\$9,999       \$10,000\$24.999       \$25,000OR MORE         Image: Net Loss       Image: Less than \$5,000       \$5.000\$9,999       \$10,000\$24.999       \$25,000OR MORE		ES				1.000 TO 4,999
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	IF SOLD		LESS THAN \$5,000	\$5.000\$9,999	\$10,000\$24,999	\$25.000OR MORE
		СОРУ	AND ATTACH ADDITIC	ONAL PAGES AS NE	CESSARY	

.

(TDD 1-800-735-2989)

INCOME FROM INTE	REST, DIVIDE	ENDS, ROYA	LTIES & RENTS PART 5				
interest, dividends, royalties, and remore information, see FORM PFS-	List each source of income you, your spouse, or a dependent child received <i>in excess of \$500</i> that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS–INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by						
1			 D ADDRESS				
SOURCE OF INCOME Residential Home	106 Los Austins.	ngspur Tx	· · · ·				
<sup>2</sup> RECEIVED BY			DEPENDENT CHILD				
AMOUNT	\$500\$4,999	<b>\$</b> 5,000\$9,999	S10,000\$24,999 S25,000OR MORE				
source of INCOME <i>Bes.den Hal</i> Home	9409 Aushin,	Meaded V TY	DADDRESS I a l e				
RECEIVED BY							
AMOUNT	\$500\$4,999	<b>\$5,000\$9,999</b>	□ \$10,000\$24,999 □ \$25,000OR MORE				
source of INCOME Residential Itome	3717 G Aushin,	NAME ANE Ty	ADDRESS				
RECEIVED BY	🗌 FILER						
AMOUNT	<b>[]</b> \$500\$4,999	<b>5,000\$9,999</b>	☐ \$10,000\$24,999 ☐ \$25,000OR MORE				
COPY A	ND ATTACH ADDIT	IONAL PAGES AS	NECESSARY				

www.ethics.state.tx.us

(512) 463-5800

# PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

NOTAPPLICABLE

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM 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 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
<sup>2</sup> LIABILITY OF				
<sup>3</sup> GUARANTOR				
4 AMOUNT	\$1,000\$4,999	\$5,000\$9,999	S10,000\$24,999 \$25,000OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF				
GUARANTOR				
AMOUNT	<b>\$1,000\$4,999</b>	\$5,000\$9,999	S10,000\$24,999 \$25,000OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF				
GUARANTOR				
	<b>\$1,000\$4,999</b>	<b>\$</b> 5,000\$9,999	□ \$10,000\$24,999 □ \$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

(512) 463-5800

(TDD 1-800-735-2989)

# 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.

<sup>1</sup> HELD OR ACQUIRED BY		SPOUSE	
STREET ADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	11409 Austin,	Pollugo	DING CITY, COUNTY, AND STATE
<sup>3</sup> DESCRIPTION LOTS ACRES	Single	Family	Ji's Gunty WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST	Kevii	, lote 1 Cole	
F SOLD NET GAIN NETLOSS	LESS THAN \$5	,000 🗌 \$5,000\$9,99	9 🔲 \$10,000\$24,999 🗌 \$25,000OR MORE
HELD OR ACQUIRED BY	FILER		
STREET ADDRESS	1200 Austin	Inspiration	DING CITY, COUNTY, AND STATE
	Austin Single	Inspiration	ND NAME OF COUNTY WHERE LOCATED
	Austin Single Under	Inspiration	ND NAME OF COUNTY WHERE LOCATED of Vauis County)
NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE	Austin Single Under Ka Sha	Inspiration	ND NAME OF COUNTY WHERE LOCATED of Vauis County)

.

.

PART 7A

# INTERESTS IN REAL PROPERTY

NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from thesa 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.

<sup>1</sup> HELD OR ACQUIRED BY		SPOUSE		
STREET ADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	1304 Aus	Farkwood	DING CITY, COUNTY, AND STATE	
<sup>3</sup> DESCRIPTION LOTS ACRES	Sing Li Trai		DYNAME OF COUNTY WHERE LOCATED	
ANAMES OF PERSONS RETAINING AN INTEREST	/ / ~	evin Coli Sheryl Coli	?	
<sup>5</sup> IF SOLD	LESS THA	N \$5,000 🔲 \$5,000\$9,999	9 S10,000-\$24.999 525,000OR MORE	
HELD OR ACQUIRED BY	FILER			
STREET ADDRESS	9409	Meadow Val Auctin, TX	DING CITY, COUNTY, AND STATE	
	Sin		DNAME OF COUNTY WHERE LOCATED	
	/	Travis Cour	h/	
NAMES OF PERSONS RETAINING AN INTEREST	Kevin	Cole		
NOT APPLICABLE (SEVERED MINERAL INTEREST)	She	ery/ Cole		
IF SOLD	_	,		
	LESS THA	N \$5.000 \$5.000\$9.999	S10,000\$24,999 S25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

#### **INTERESTS IN REAL PROPERTY** PART 7A NOT APPLICABLE Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from these For an explanation of "beneficial interest" and other specific directions for completing this section. see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity , indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. FILER HELD OR ACQUIRED BY TSPOUSE DEPENDENT CHILD STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <sup>2</sup> STREET ADDRESS OWNOVEN NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED <sup>3</sup> DESCRIPTION Family LOTS ACRES NAMES OF PERSONS **RETAINING AN INTEREST** NOT APPLICABLE Cole (SEVERED MINERAL INTEREST) 5 IF SOLD LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE NET GAIN NET LOSS HELD OR ACQUIRED BY DEPENDENT CHILD \_ STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE STREET ADDRESS 10% CHECK IF FILER'S HOME ADDRESS OR ACRES AND NAME OF COUNTY WHERE LOCATED DESCRIPTION anull ISACICC LOTS enin ACRES NAMES OF PERSONS **RETAINING AN INTEREST** (SEVERED MINERAL INTEREST) IF SOLD NET GAIN LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE NET LOSS

#### COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PART 7A

# INTERESTS IN REAL PROPERTY

NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from these 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.

<sup>1</sup> HELD OR ACQUIRED BY	FILER	SPOUSE		
STREET ADDRESS     NOT AVAILABLE     CHECK IF FILER'S HOME ADDRESS	<i>4101</i>	WILd WOOD KE	DING CITY, COUNTY, AND STATE	
<sup>3</sup> DESCRIPTION LOTS ACRES	Single	HUMBER OF LOTS OR ACRES A Family R Travis Count	ND NAME OF COUNTY WHERE LOCATED	
ANAMES OF PERSONS RETAINING AN INTEREST	Ka	um Colo hen/1 Cole		
<sup>5</sup> IF SOLD			9 \$10,000-\$24,999 \$25,000OR MORE	
HELD OR ACQUIRED BY	FILER			
	5704	Furple Sag	DING CITY. COUNTY, AND STATE	
	Single	family lot	NAME OF COUNTY WHERE LOCATED	
ACRES	Kei	Travis Coun m Cole ry/ Colc	ny	
IF SOLD	LESS TH	AN \$5,000 🔲 \$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

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

# INTERESTS IN BUSINESS ENTITIES

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.

<sup>1</sup> HELD OR ACQUIRED BY			DEPENDENT CHILD	
<sup>2</sup> DESCRIPTION		_	D ADDRESS ler's Home Address)	
<sup>3</sup> IF SOLD	LESS THAN \$5	,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE	
HELD OR ACQUIRED BY				
DESCRIPTION			D ADDRESS ler's Home Address)	
		an ga an th		
IF SOLD	LESS THAN \$5,	000 🔲 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE	
HELD OR ACQUIRED BY				
DESCRIPTION			DADDRESS er's Home Address)	
IF SOLD	LESS THAN \$5,	000 🗌 \$5,000\$9,999	S10,000\$24,999 S25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

PART 8

Identify any person or organization that has given a gift *worth more than* \$250 to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, *see* FORM PFS–INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> DONOR		NAME AND	DADDRESS	
<sup>2</sup> RECIPIENT				
<sup>3</sup> DESCRIPTION OF GIFT				
DONOR		NAME AND	D ADDRESS	
RECIPIENT			DEPENDENT CHILD	
DESCRIPTION OF GIFT				
DONOR		NAME AND	ADDRESS	
RECIPIENT				
DESCRIPTION OF GIFT				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

www.ethics.state.tx.us

TRUST INCOME			PART 9
category of the amount of income re	eceived. Also identify ea	ch asset of the trus	hild as beneficiary of a trust and indicate the trom which the beneficiary received <i>more</i> , <i>see</i> FORM PFSINSTRUCTION GUIDE.
When reporting information about providing the number under which t			e child about whom you are reporting by
<sup>1</sup> SOURCE		NAME	DF TRUST
<sup>2</sup> BENEFICIARY			
<sup>3</sup> INCOME	LESS THAN \$5,000	\$5,000\$9,999	S10,000\$24,999 \$25,000OR MORE
<sup>4</sup> ASSETS FROM WHICH OVER \$500 WAS RECEIVED			
SOURCE		NAME C	DF TRUST
BENEFICIARY			
INCOME	LESS THAN \$5,000	☐ \$5,000\$9,999	🗍 \$10,000\$24,999 🗌 \$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED			
		NAME O	F TRUST
SOURCE			
BENEFICIARY			
INCOME	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	S10,000\$24,999 \$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED			
COPY A	ND ATTACH ADDITIO	NAL PAGES AS	NECESSARY

www.ethics.state.tx.us

(512) 463-5800

**PART 10A** 

# BLIND TRUSTS

Identify each blind trust that complies with section 572.023(c) of the Government Code. 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.

<sup>1</sup> NAME OF TRUST			
<sup>2</sup> TRUSTEE		NAME AP	ND ADDRESS
<sup>3</sup> BENEFICIARY			
<sup>4</sup> FAIR MARKET VALUE	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
<sup>5</sup> DATE CREATED			
NAME OF TRUST			
TRUSTEE		NAME A	ND ADDRESS
BENEFICIARY	Filer		
FAIR MARKET VALUE	LESS THAN \$5,000	<b>\$5,000\$9,99</b>	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
DATE CREATED			
NAME OF TRUST	=		
TRUSTEE		NAME AN	ND ADDRESS
BENEFICIARY			
FAIR MARKET VALUE	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
DATE CREATED		·	
COPY A	ND ATTACH ADDITIC	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 STATE	EMENT			PART 10B
	stee of each blind true	l trust on Part 10A of the Pers st 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	alty of perjury, that I have not reve ation that may be disclosed und the best of my knowledge, the	er section 572.023 (b)	(8) of the Government
		Tr	ustee Signature	
§ 572.023. Contents of Fin		General		
(b) The account of financial				
than a blind trust that	t complies with Subse	egory of the amount of all incor ection (c), and identification of e eneficiary in excess of \$500;		
(14) identification of	each blind trust that	complies with Subsection (c),	including:	
(A) the cate	gory of the fair marke	t value of the trust;		
(B) the date	the trust was created	1;		
. ,	e and address of the			
(D) a statem	ent signed by the tru	stee, under penalty of perjury,	stating that:	
	ustee has not revealed ubdivision (8); and	l any information to the individua	al, except information	that may be disclosed
(ii) to the	e best of the trustee's	s knowledge, the trust complie	es with this section.	
(c) For purposes of Subsecti	ons (b)(8) and (14), a	a blind trust is a trust as to whic	ch:	
(1) the trustee:				
. ,	terested party;			
(B) is not the	-			
		lobbyist under Chapter 305;		
	oublic officer or public	· •		
(E) was not a supervises; a		ice by the individual or by a pub	olic officer or public en	ployee the individual
(2) the trustee has c assets without consu		o manage the trust, including t ndividual.	the power to dispose	of and acquire trust
(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** 

NOTAPPLICABLE

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

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> BUSINESS ASSOCIATION	The Cole.	Law Film	ADDRESS r's Home Address)	
	4101 Wi	Idwood Rd	Aushn, Ty 18122	
<sup>2</sup> BUSINESS TYPE	Law P	Film .		
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY		SPOUSE		
<sup>4</sup> ASSETS	Accounts	RUCCIVA61	CATEGORY	
		The civa Dip	│	
	1		LESS THAN \$5,000 \$5,000\$9,999	
			│	
			🗌 LESS THAN \$5,000 🗌 \$5,000\$9,999	
			□ \$10,000\$24,999 □ \$25,000OR MORE	
			LESS THAN \$5,000 🗍 \$5,000\$9,999	
			□ \$10,000\$24,999 □ \$25,000OR MORE	
			LESS THAN \$5,000 🗌 \$5,000\$9,999	
			□ \$10,000\$24,999 □ \$25,000OR MORE	
			🗌 LESS THAN \$5,000 📋 \$5,000\$9,999	
			           \$10,000\$24,999           \$25,000OR MORE 	
			□ LESS THAN \$5,000 □ \$5,000\$9,999	
			□ \$10,000\$24,999 □ \$25,000OR MORE	
			🗌 LESS THAN \$5,000 🗌 \$5,000\$9,999	
	*. 		□ \$10,000\$24,999 □ \$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

www.ethics.state.tx.us

LIABILITIES OF	<b>BUSINESS ASSOCIATIONS</b>	PART <b>11B</b>		
NOTAPPLICABLE				
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 PFSINSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by				
	er which the child is listed on the Cover Sheet.			
<sup>1</sup> BUSINESS ASSOCIATION	The Cole Law Film	r's Home Address)		
<sup>2</sup> BUSINESS TYPE				
<sup>3</sup> HELD, ACQUIRED, OR SOLD BY				
<sup>4</sup> LIABILITIES	DESCRIPTION Aunt Credit Card Oubt	CATEGORY		
	Ocht	LESS THAN \$5,000 \$5,000\$9,999		
		LESS THAN \$5,000		
		LESS THAN \$5,000		
		LESS THAN \$5,000		
		LESS THAN \$5,000 \$5,000\$9,999		
		LESS THAN \$5,000 \$5,000\$9,999		
		LESS THAN \$5,000 \$5,000\$9,999		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

www.ethics.state.tx.us

## **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.

<sup>1</sup> ORGANIZATION	Down to u	un Austin	Alliance
<sup>2</sup> POSITION HELD	Board	Mimber	
<sup>3</sup> POSITION HELD BY	Filer		
ORGANIZATION	United	Warf	
POSITION HELD	Board	' Way ' Member	· · · · · · · · · · · · · · · · · · ·
POSITION HELD BY		SPOUSE	
ORGANIZATION	1. Das.	dis Cummun	ty bealth Foundation
POSITION HELD	Aacess to Board	A Member	ity Health Frandation
POSITION HELD BY		SPOUSE	
ORGANIZATION			
POSITION HELD			
POSITION HELD BY			
ORGANIZATION			
POSITION HELD			
POSITION HELD BY			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

www.ethics.state.tx.us

# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION **PART 13** NOTAPPLICABLE Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE. NAME AND ADDRESS PROVIDER 2 AMOUNT NAME AND ADDRESS PROVIDER AMOUNT NAME AND ADDRESS PROVIDER AMOUNT NAME AND ADDRESS PROVIDER

#### COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

AMOUNT

Γ

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST PART 14					
Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, profes- sional 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, <i>see</i> FORM PFSINSTRUCTION GUIDE.					
<sup>1</sup> BUSINESS ENTITY	NAME AND ADDRESS				
<sup>2</sup> INTEREST HELD BY					
BUSINESS ENTITY		NAME AN	ID ADDRESS		
INTEREST HELD BY					
BUSINESS ENTITY		NAME AN	ID ADDRESS		
INTEREST HELD BY					
BUSINESS ENTITY	NAME AND ADDRESS				
INTEREST HELD BY					
BUSINESS ENTITY	NAME AND ADDRESS				
INTEREST HELD BY					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

www.ethics.state.tx.us

P.O. Box 12070 FEES RECEIVED FOR SERVICES RENDERED

Austin, Texas 78711-2070

(512) 463-5800

PART 15

<b>TOALÓBBYIST</b>	OR LOBBYIS	ST'S EMP	PLOYER

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 PFS--INSTRUCTION GUIDE

INSTRUCTION GOIDE.				
<sup>1</sup> PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
<sup>2</sup> FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000\$24,999</b>	S25,000OR 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	<b>\$5,000-\$9,999</b>	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	<b>\$</b> 5,000\$9,999	<b>\$10,000\$24,999</b>	S25,000OR 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	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

#### REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART **16** 

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.

<sup>1</sup> STATE AGENCY				
<sup>2</sup> PERSON REPRESENTED				
<sup>3</sup> FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	<b>\$10,000\$24,999</b>	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	<b>\$5,000\$9,999</b>	\$10,000\$24,999	\$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				
www.ethics.state.tx.us	www.ethics.state.tx.us.			

**Texas Ethics Commission** 

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

# BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

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.

<sup>1</sup> SOURCE OF BENEFIT	NAME AND ADDRESS		
SOURCE OF BENEFIT			
2			
BENEFIT			
	NAME AND ADDRESS		
SOURCE OF BENEFIT			
BENEFIT			
	NAME AND ADDRESS		
SOURCE OF BENEFIT			
BENEFIT			
BENEIT			
	NAME AND ADDRESS		
SOURCE OF BENEFIT			
BENEFIT			
DENEFII			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

www.ethics.state.tx.us

(512) 463-5800

# LEGISLATIVE CONTINUANCES

PART 18

NOTAPPLICABLE

Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.

<sup>1</sup> NAME OF PARTY REPRESENTED			
<sup>2</sup> DATE RETAINED			
<sup>3</sup> STYLE, CAUSE NUMBER, COURT & JURISDICTION			
4 DATE OF CONTINUANCE APPLICATION			
<sup>5</sup> WAS CONTINUANCE GRANTED?	T YES		
NAME OF PARTY REPRESENTED			
DATE RETAINED			
STYLE, CAUSE NUMBER, COURT, & JURISDICTION			
DATE OF CONTINUANCE APPLICATION			
WAS CONTINUANCE GRANTED?	T YES		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

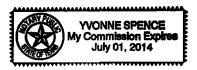
# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

Signature of File

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said <u>Shery</u> Cole, this the 27 th day of

, 20 // \_\_\_\_\_, to certify which, witness my hand and seal of office.

gnature of officer administering oath

Print name of officer administering oath Title

Title of officer administering oath