

**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET**

06 APR -3 PM 12:24

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2006, covering calendar year ending December 31, 2005.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

1 NAME

TITLE; FIRST; MI

NICKNAME; LAST; SUFFIX

Sheryl N Cole

OFFICE USE ONLY

Date Received

06 APR -3 PM 1:02

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4304 Parkwood  
Austin Tx 78722

Receipt #

3 TELEPHONE  
NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

(512) 419-1539

HD / PM

Amount

Date Processed

Date Imaged

4 REASON  
FOR FILING  
STATEMENT

- ☒ CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ☐ ELECTED OFFICER \_\_\_\_\_ (INDICATE OFFICE)
- ☐ APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)
- ☐ EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)
- ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- ☐ STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)
- ☐ OTHER \_\_\_\_\_ (INDICATE POSITION)

5 Family members 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

KEVIN Cole

DEPENDENT CHILD 1.

Nelson Cole

2.

Marcus Cole

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**

**SOURCES OF OCCUPATIONAL INCOME****PART 1A**☐ NOT APPLICABLE

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** INFORMATION RELATES TO☒ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**2** EMPLOYMENT☐ EMPLOYED BY ANOTHER

*Cole & Powell, PC*  
*400 W. 15<sup>th</sup> Ste. 304*  
*Austin, TX 78701*

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

☐ FILER☒ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

*Cole & Powell, PC*  
*400 W. 15<sup>th</sup> Ste 304*  
*Austin, TX 78701*

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

INFORMATION RELATES TO

☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_

EMPLOYMENT

☐ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ SELF-EMPLOYED

NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**RETAINERS****PART 1B**☒ NOT APPLICABLE

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.

|                               |                                                                                                                                                                                                                                             |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>FEE RECEIVED FROM | NAME AND ADDRESS                                                                                                                                                                                                                            |
| <b>2</b><br>FEE RECEIVED BY   | NAME OF BUSINESS<br><br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| <b>3</b><br>FEE AMOUNT        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                 |
| FEE RECEIVED FROM             | NAME AND ADDRESS                                                                                                                                                                                                                            |
| FEE RECEIVED BY               | NAME OF BUSINESS<br><br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| FEE AMOUNT                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                 |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**STOCK****PART 2**☒ NOT APPLICABLE

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.

|                                    |                                            |                                           |                                                |                                            |
|------------------------------------|--------------------------------------------|-------------------------------------------|------------------------------------------------|--------------------------------------------|
| <b>1 BUSINESS ENTITY</b>           | NAME                                       |                                           |                                                |                                            |
| <b>2 STOCK HELD OR ACQUIRED BY</b> | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>3 NUMBER OF SHARES</b>          | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>4 IF SOLD</b>                   | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <hr/>                              |                                            |                                           |                                                |                                            |
| <b>BUSINESS ENTITY</b>             | NAME                                       |                                           |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <hr/>                              |                                            |                                           |                                                |                                            |
| <b>BUSINESS ENTITY</b>             | NAME                                       |                                           |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <hr/>                              |                                            |                                           |                                                |                                            |
| <b>BUSINESS ENTITY</b>             | NAME                                       |                                           |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <hr/>                              |                                            |                                           |                                                |                                            |
| <b>BUSINESS ENTITY</b>             | NAME                                       |                                           |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**BONDS, NOTES & OTHER COMMERCIAL PAPER****PART 3**☒ NOT APPLICABLE

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.

|                                                                                                       |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DESCRIPTION<br>OF INSTRUMENT                                                              |                                                                                                                                                                             |
| <b>2</b><br>HELD OR ACQUIRED BY                                                                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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. 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<br><i>Dean Witter</i>                                              | <i>Dean Witter Global</i> NAME             |                                            |                                                                                                                                                                           |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                   | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                                             | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499        | <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| 4 IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |
| MUTUAL FUND<br><i>American</i>                                                   | <i>American Funds Diversified</i> NAME     |                                            |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input checked="" type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |
| MUTUAL FUND                                                                      | NAME                                       |                                            |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |
| COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY                                    |                                            |                                            |                                                                                                                                                                           |

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☒ NOT APPLICABLE

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.

|                              |                                                                                                                                                                          |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE OF INCOME | NAME AND ADDRESS                                                                                                                                                         |
| <b>2</b><br>RECEIVED BY      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| <b>3</b><br>AMOUNT           | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME             | NAME AND ADDRESS                                                                                                                                                         |
| RECEIVED BY                  | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| AMOUNT                       | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME             | NAME AND ADDRESS                                                                                                                                                         |
| RECEIVED BY                  | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| AMOUNT                       | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**PERSONAL NOTES AND LEASE AGREEMENTS****PART 6**☐ NOT APPLICABLE

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

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

|                                                                          |                                           |                                                      |                                                                                        |
|--------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------|
| <sup>1</sup> PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT | <i>Aspen Properties</i>                   |                                                      |                                                                                        |
| <sup>2</sup> LIABILITY OF                                                | <input type="checkbox"/> FILER            | <input checked="" type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <sup>3</sup> GUARANTOR                                                   |                                           |                                                      |                                                                                        |
| <sup>4</sup> AMOUNT                                                      | <input type="checkbox"/> \$1,000--\$4,999 | <input checked="" type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT              |                                           |                                                      |                                                                                        |
| LIABILITY OF                                                             | <input type="checkbox"/> FILER            | <input type="checkbox"/> SPOUSE                      | <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| GUARANTOR                                                                |                                           |                                                      |                                                                                        |
| AMOUNT                                                                   | <input type="checkbox"/> \$1,000--\$4,999 | <input type="checkbox"/> \$5,000--\$9,999            | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT              |                                           |                                                      |                                                                                        |
| LIABILITY OF                                                             | <input type="checkbox"/> FILER            | <input type="checkbox"/> SPOUSE                      | <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| GUARANTOR                                                                |                                           |                                                      |                                                                                        |
| AMOUNT                                                                   | <input type="checkbox"/> \$1,000--\$4,999 | <input type="checkbox"/> \$5,000--\$9,999            | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

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

|                                                                                                                    |                                                                                                                    |                                                                                                                                                                                        |                                            |                                                |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|
| 1                                                                                                                  | HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER                                                                                                                                              | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2                                                                                                                  | STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                           | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>(See attached)</i>                                                                                                             |                                            |                                                |
| 3                                                                                                                  | DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input checked="" type="checkbox"/> ACRES               | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED                                                                                                                               |                                            |                                                |
| 4                                                                                                                  | NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Demetrius McDaniel</i>                                                                                                                                                              |                                            |                                                |
| 5                                                                                                                  | IF SOLD<br><input checked="" type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                       | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |                                            |                                                |
| HELD OR ACQUIRED BY                                                                                                |                                                                                                                    | <input type="checkbox"/> FILER                                                                                                                                                         | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                           |                                                                                                                    | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE                                                                                                                                      |                                            |                                                |
| DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     |                                                                                                                    | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED                                                                                                                               |                                            |                                                |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) |                                                                                                                    |                                                                                                                                                                                        |                                            |                                                |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  |                                                                                                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE            |                                            |                                                |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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.

|                                                                                            |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> HELD OR ACQUIRED BY                                                               | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                    |
| <b>2</b> DESCRIPTION                                                                       | NAME AND ADDRESS<br>Cole & Powell, P.C.<br>400 W. 15th St #304<br>Austin, Tx 78701                                                                                          |
| <b>3</b> IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                        | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| DESCRIPTION                                                                                | NAME AND ADDRESS                                                                                                                                                            |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                        | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| DESCRIPTION                                                                                | NAME AND ADDRESS                                                                                                                                                            |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**GIFTS****PART 8**☒ NOT APPLICABLE

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.

|                                 |                                                                                                               |
|---------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DONOR               | NAME AND ADDRESS                                                                                              |
| <b>2</b><br>RECIPIENT           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>3</b><br>DESCRIPTION OF GIFT |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**TRUST INCOME****PART 9**
☒ NOT APPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$500* in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

|                                                                                                  |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE                                                                               | NAME OF TRUST                                                                                                                                                               |
| <b>2</b><br>BENEFICIARY                                                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>INCOME                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <b>4</b><br>ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN |                                                                                                                                                                             |
| SOURCE                                                                                           | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN             |                                                                                                                                                                             |
| SOURCE                                                                                           | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN             |                                                                                                                                                                             |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**BLIND TRUSTS****PART 10A**☒ NOT APPLICABLE

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.

|                                                      |                                                                                                                                                                             |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> NAME OF TRUST                               |                                                                                                                                                                             |
| <b>2</b> TRUSTEE                                     | NAME AND ADDRESS                                                                                                                                                            |
| <b>3</b> BENEFICIARY                                 | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>4</b> FAIR MARKET VALUE                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <b>5</b> DATE CREATED                                |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| NAME OF TRUST                                        |                                                                                                                                                                             |
| TRUSTEE                                              | NAME AND ADDRESS                                                                                                                                                            |
| BENEFICIARY                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| FAIR MARKET VALUE                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DATE CREATED                                         |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| NAME OF TRUST                                        |                                                                                                                                                                             |
| TRUSTEE                                              | NAME AND ADDRESS                                                                                                                                                            |
| BENEFICIARY                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| FAIR MARKET VALUE                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DATE CREATED                                         |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| NAME OF TRUST                                        |                                                                                                                                                                             |
| TRUSTEE                                              | NAME AND ADDRESS                                                                                                                                                            |
| BENEFICIARY                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| FAIR MARKET VALUE                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DATE CREATED                                         |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| <b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b> |                                                                                                                                                                             |

**TRUSTEE STATEMENT****PART 10B**☒ NOT APPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 NAME OF TRUST                                  |                                                                                                                                                                                                                                                                                                                                                                                       |
| 2 TRUSTEE NAME                                   |                                                                                                                                                                                                                                                                                                                                                                                       |
| 3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED | NAME                                                                                                                                                                                                                                                                                                                                                                                  |
| 4 TRUSTEE STATEMENT                              | <p>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.</p> <p style="text-align: right;">_____<br/>Trustee Signature</p> |

**§ 572.023. Contents of Financial Statement in General**

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

**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.

|                                                        |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|--------------------------------------------------------|--------------------------------------------|--|--|--------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|--|--|--------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|--|--|--------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|--|--|--------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|--|--|--------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|--|--|--------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|
| 1 BUSINESS ASSOCIATION                                 | NAME AND ADDRESS<br><i>Cole &amp; Powell PC</i><br><i>400 W. 15th Street Ste. 304</i><br><i>Austin, TX 78701</i>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| 2 BUSINESS TYPE                                        | <i>Law Firm</i>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| 3 HELD, ACQUIRED, OR SOLD BY                           | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| 4 ASSETS<br><i>Furniture &amp; equipment</i>           | DESCRIPTION<br><i>Used Furniture</i><br><i>Computer equipment</i><br><i>and office equipment</i>                         | CATEGORY<br><table border="0"> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input checked="" type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> </table> | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input checked="" type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |
| <input type="checkbox"/> LESS THAN \$5,000             | <input type="checkbox"/> \$5,000--\$9,999                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input checked="" type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
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| <input type="checkbox"/> LESS THAN \$5,000             | <input type="checkbox"/> \$5,000--\$9,999                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
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| <input type="checkbox"/> LESS THAN \$5,000             | <input type="checkbox"/> \$5,000--\$9,999                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> \$10,000--\$24,999            | <input type="checkbox"/> \$25,000--OR MORE                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
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| <input type="checkbox"/> LESS THAN \$5,000             | <input type="checkbox"/> \$5,000--\$9,999                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> \$10,000--\$24,999            | <input type="checkbox"/> \$25,000--OR MORE                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
|                                                        |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> LESS THAN \$5,000             | <input type="checkbox"/> \$5,000--\$9,999                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> \$10,000--\$24,999            | <input type="checkbox"/> \$25,000--OR MORE                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
|                                                        |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> LESS THAN \$5,000             | <input type="checkbox"/> \$5,000--\$9,999                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> \$10,000--\$24,999            | <input type="checkbox"/> \$25,000--OR MORE                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
|                                                        |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> LESS THAN \$5,000             | <input type="checkbox"/> \$5,000--\$9,999                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> \$10,000--\$24,999            | <input type="checkbox"/> \$25,000--OR MORE                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                           |                                                        |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**LIABILITIES OF BUSINESS ASSOCIATIONS****PART 11B**
☒ 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.

|                                     |                                                                                                               |                                                                                                                                                                                |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> BUSINESS ASSOCIATION       | NAME AND ADDRESS                                                                                              |                                                                                                                                                                                |
| <b>2</b> BUSINESS TYPE              |                                                                                                               |                                                                                                                                                                                |
| <b>3</b> HELD, ACQUIRED, OR SOLD BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |                                                                                                                                                                                |
| <b>4</b> LIABILITIES                | DESCRIPTION                                                                                                   | CATEGORY                                                                                                                                                                       |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**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 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     | <i>Austin Area Urban League</i>                                                                                          |
| <sup>2</sup> POSITION HELD    | <i>Board Member</i>                                                                                                      |
| <sup>3</sup> POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  | <i>Leadership Austin</i>                                                                                                 |
| POSITION HELD                 | <i>Board Member</i>                                                                                                      |
| POSITION HELD BY              | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                                                                                                          |
| POSITION HELD                 |                                                                                                                          |
| POSITION HELD BY              | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____            |
| ORGANIZATION                  |                                                                                                                          |
| POSITION HELD                 |                                                                                                                          |
| POSITION HELD BY              | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____            |
| ORGANIZATION                  |                                                                                                                          |
| POSITION HELD                 |                                                                                                                          |
| POSITION HELD BY              | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____            |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION****PART 13**
☒ 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.

|                      |                  |
|----------------------|------------------|
| <b>1</b><br>PROVIDER | NAME AND ADDRESS |
| <b>2</b><br>AMOUNT   |                  |
| PROVIDER             | NAME AND ADDRESS |
| AMOUNT               |                  |
| PROVIDER             | NAME AND ADDRESS |
| AMOUNT               |                  |
| PROVIDER             | NAME AND ADDRESS |
| AMOUNT               |                  |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INTEREST IN BUSINESS IN COMMON WITH LOBBYIST****PART 14**☐ NOT APPLICABLE

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

|                                                  |                                                                                                                                     |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 BUSINESS ENTITY</b><br><i>Cole Ventures</i> | <b>NAME AND ADDRESS</b><br><i>Cole Ventures</i><br><i>4304 Parkwood Rd</i><br><i>Austin, Tx 78722</i>                               |
| <b>2 INTEREST HELD BY</b>                        | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>BUSINESS ENTITY</b>                           | <b>NAME AND ADDRESS</b>                                                                                                             |
| <b>INTEREST HELD BY</b>                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                       |
| <b>BUSINESS ENTITY</b>                           | <b>NAME AND ADDRESS</b>                                                                                                             |
| <b>INTEREST HELD BY</b>                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                       |
| <b>BUSINESS ENTITY</b>                           | <b>NAME AND ADDRESS</b>                                                                                                             |
| <b>INTEREST HELD BY</b>                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                       |
| <b>BUSINESS ENTITY</b>                           | <b>NAME AND ADDRESS</b>                                                                                                             |
| <b>INTEREST HELD BY</b>                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                       |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

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

## PART 15

☒ NOT APPLICABLE

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<br>FOR WHOM SERVICES<br>WERE PROVIDED |                                                                                                                                                                             |
| <sup>2</sup> FEE CATEGORY                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**REPRESENTATION BY LEGISLATOR BEFORE  
STATE AGENCY****PART 16**☒ NOT APPLICABLE

*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.

|                                |                                                                                                                                                                             |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>STATE AGENCY       |                                                                                                                                                                             |
| <b>2</b><br>PERSON REPRESENTED |                                                                                                                                                                             |
| <b>3</b><br>FEE CATEGORY       | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                   |                                                                                                                                                                             |
| PERSON REPRESENTED             |                                                                                                                                                                             |
| FEE CATEGORY                   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                   |                                                                                                                                                                             |
| PERSON REPRESENTED             |                                                                                                                                                                             |
| FEE CATEGORY                   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                   |                                                                                                                                                                             |
| PERSON REPRESENTED             |                                                                                                                                                                             |
| FEE CATEGORY                   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

## PART 17

☒ NOT APPLICABLE

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

**LEGISLATIVE CONTINUANCES****PART 18**☒ 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.

**1** NAME OF PARTY  
REPRESENTED

**2** DATE RETAINED

**3** STYLE, CAUSE NUMBER,  
COURT & JURISDICTION

**4** DATE OF CONTINUANCE  
APPLICATION

**5** WAS CONTINUANCE  
GRANTED?

☐ YES☐ NO

NAME OF PARTY  
REPRESENTED

DATE RETAINED

STYLE, CAUSE NUMBER,  
COURT, & JURISDICTION

DATE OF CONTINUANCE  
APPLICATION

WAS CONTINUANCE  
GRANTED?

☐ YES☐ NO

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**PERSONAL FINANCIAL STATEMENT AFFIDAVIT**

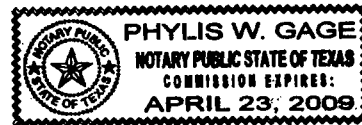
The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer 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.

Sheryl N Cole  
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Phylis W. Gage, this the 3rd day of April, 20 06, to certify which, witness my hand and seal of office.



Phylis W. Gage  
Signature of officer administering oath

Phylis W. Gage  
Print name of officer administering oath

Notary  
Title of officer administering oath



**KEVIN & SHERYL SOLD THEIR 50%  
INTEREST IN THE FOLLOWING INFILL LOTS  
IN OCTOBER 2005**

| <b>Street Address</b>   | <b>Subdivision</b> | <b>Lot</b> | <b>Block</b> | <b>Status</b> |
|-------------------------|--------------------|------------|--------------|---------------|
| 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 PROPERTY STILL OWNED**

**BY KEVIN & SHERYL COLE**

|                        |                 |   |    |
|------------------------|-----------------|---|----|
| 5704 Purple Sage Drive | 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.

**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2007, covering calendar year ending December 31, 2006.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

|                    |                                                                                |                                                                                                          |                                                 |
|--------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1 NAME             | TITLE: FIRST, MI<br><i>Sheryl Cole</i>                                         | <b>OFFICE USE ONLY</b><br>Date Received<br>2007 APR 24 PM 2 22<br>AUSTIN CITY CLERK<br>POSTING DATE/TIME |                                                 |
|                    | NICKNAME: LAST; SUFFIX                                                         |                                                                                                          |                                                 |
| 2 ADDRESS          | ADDRESS / PO BOX: APT / SUITE #: CITY; STATE; ZIP CODE<br><i>4101 Wildwood</i> |                                                                                                          | Receipt #                                       |
|                    | AREA CODE PHONE NUMBER: EXTENSION<br><i>(512) 419-1539</i>                     |                                                                                                          | HD / PM Amount<br>Date Processed<br>Date Imaged |
| 3 TELEPHONE NUMBER |                                                                                |                                                                                                          |                                                 |

|                               |                                                                             |
|-------------------------------|-----------------------------------------------------------------------------|
| 4 REASON FOR FILING STATEMENT | <input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)                  |
|                               | <input checked="" type="checkbox"/> ELECTED OFFICER _____ (INDICATE OFFICE) |
|                               | <input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)          |
|                               | <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)             |
|                               | <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT      |
|                               | <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)           |
|                               | <input type="checkbox"/> OTHER _____ (INDICATE POSITION)                    |

5 Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity):

SPOUSE *Kevin*

DEPENDENT CHILD 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**

**SOURCES OF OCCUPATIONAL INCOME****PART 1A**☐ NOTAPPLICABLE

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

**1 INFORMATION RELATES TO**☒ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**2 EMPLOYMENT**☐ EMPLOYED BY ANOTHER☐ SELF-EMPLOYED

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

*Cole & Powell  
400 W. 15th Ste. 304  
Austin, TX 78701*

NATURE OF OCCUPATION

**INFORMATION RELATES TO**☐ FILER☒ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**EMPLOYMENT**☐ EMPLOYED BY ANOTHER☐ SELF-EMPLOYED

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

*Cole & Powell  
400 W. 15th Ste 304  
Austin TX 78701*

NATURE OF OCCUPATION

**INFORMATION RELATES TO**☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**EMPLOYMENT**☐ EMPLOYED BY ANOTHER☐ SELF-EMPLOYED

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

NATURE OF OCCUPATION

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**RETAINERS****PART 1B**☒ NOT APPLICABLE

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.

|                               |                                                                                                                                                                                                                                             |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>FEE RECEIVED FROM | NAME AND ADDRESS                                                                                                                                                                                                                            |
| <b>2</b><br>FEE RECEIVED BY   | NAME OF BUSINESS<br><br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| <b>3</b><br>FEE AMOUNT        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                 |
| FEE RECEIVED FROM             | NAME AND ADDRESS                                                                                                                                                                                                                            |
| FEE RECEIVED BY               | NAME OF BUSINESS<br><br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| FEE AMOUNT                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                 |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**STOCK****PART 2**☐ NOT APPLICABLE

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.

|                                    |                                            |                                           |                                                |                                            |
|------------------------------------|--------------------------------------------|-------------------------------------------|------------------------------------------------|--------------------------------------------|
| <b>1 BUSINESS ENTITY</b>           | NAME _____                                 |                                           |                                                |                                            |
| <b>2 STOCK HELD OR ACQUIRED BY</b> | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>3 NUMBER OF SHARES</b>          | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>4 IF SOLD</b>                   | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <b>BUSINESS ENTITY</b>             | NAME _____                                 |                                           |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <b>BUSINESS ENTITY</b>             | NAME _____                                 |                                           |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <b>BUSINESS ENTITY</b>             | NAME _____                                 |                                           |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**BONDS, NOTES & OTHER COMMERCIAL PAPER****PART 3**☒ NOT APPLICABLE

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.

|                                                                                                       |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DESCRIPTION<br>OF INSTRUMENT                                                              |                                                                                                                                                                             |
| <b>2</b><br>HELD OR ACQUIRED BY                                                                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**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. 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<br><i>Morgan Stanley</i>                                           | NAME<br><i>Bell Inc</i><br><i>Focus Growth</i>                                                                                                                                                  |                                            |                                                                                                                                                                           |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                   | <input checked="" type="checkbox"/> FILER                                                                                                                                                       | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                                             | <input type="checkbox"/> LESS THAN 100                                                                                                                                                          | <input type="checkbox"/> 100 TO 499        | <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| 4 IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                     |                                            |                                                                                                                                                                           |
| MUTUAL FUND<br><i>American Funds</i>                                             | NAME<br><i>Eurospic Growth; Small Cap World Fund; Capital Growth</i><br><i>New Perspective; Fundamental Investors; Inv Co of America</i><br><i>Growth Fund of America; Bond Fund of America</i> |                                            |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER                                                                                                                                                       | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100                                                                                                                                                          | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                     |                                            |                                                                                                                                                                           |
| MUTUAL FUND<br><i>American Funds</i>                                             | NAME<br><i>Capital Income Builder</i><br><i>Cash Management Trust</i>                                                                                                                           |                                            |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER                                                                                                                                                       | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100                                                                                                                                                          | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                     |                                            |                                                                                                                                                                           |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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. 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<br><i>ABA Retirement Fund</i>                                      | <i>Intermediate Bond Fund; NAME Balance Fund; Large Cap Value Fund; Large Cap Growth Fund; Index Equity Fund; Mid Cap Fund; Mid Cap Growth Fund; Small Cap Equity Fund; International Fund</i>                                                       |                                            |                                                |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                      | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                            | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 NUMBER OF SHARES OF MUTUAL FUND                                                | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input checked="" type="checkbox"/> 10,000 OR MORE |                                            |                                                |
| 4 IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |                                            |                                                |
| MUTUAL FUND<br><i>ABA Retirement Fund</i>                                        | <i>Large Cap Equity Fund; NAME Intermediate Bond Fund; Balanced Fund; Large Cap Value; Equity Fund; Large Cap Growth Fund; Index Equity Fund; Mid Cap Value Fund; Mid Cap Equity Fund; Small Cap Equity Fund; International Equity Fund; Growth</i>  |                                            |                                                |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                        | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                            | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES OF MUTUAL FUND                                                  | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |                                            |                                                |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |                                            |                                                |
| MUTUAL FUND                                                                      | NAME                                                                                                                                                                                                                                                 |                                            |                                                |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                        | <input type="checkbox"/> FILER                                                                                                                                                                                                                       | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES OF MUTUAL FUND                                                  | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |                                            |                                                |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |                                            |                                                |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☒ NOT APPLICABLE

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.

|                                                      |                                                                                                                                                                          |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE OF INCOME                         | NAME AND ADDRESS                                                                                                                                                         |
| <b>2</b><br>RECEIVED BY                              | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| <b>3</b><br>AMOUNT                                   | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME                                     | NAME AND ADDRESS                                                                                                                                                         |
| RECEIVED BY                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| AMOUNT                                               | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME                                     | NAME AND ADDRESS                                                                                                                                                         |
| RECEIVED BY                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| AMOUNT                                               | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b> |                                                                                                                                                                          |

**PERSONAL NOTES AND LEASE AGREEMENTS****PART 6**☒ NOT APPLICABLE

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

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

|                                                                          |                                                                                                                                                                            |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <sup>1</sup> PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT |                                                                                                                                                                            |
| <sup>2</sup> LIABILITY OF                                                | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| <sup>3</sup> GUARANTOR                                                   |                                                                                                                                                                            |
| <sup>4</sup> AMOUNT                                                      | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT              |                                                                                                                                                                            |
| LIABILITY OF                                                             | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| GUARANTOR                                                                |                                                                                                                                                                            |
| AMOUNT                                                                   | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT              |                                                                                                                                                                            |
| LIABILITY OF                                                             | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| GUARANTOR                                                                |                                                                                                                                                                            |
| AMOUNT                                                                   | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

|                                                                                                                                |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>2</b><br>STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                           | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>4101 Wildwood<br/>Austin, TX 78722</i>                                                                              |
| <b>3</b><br>DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single family residence on<br/>three lots in Austin TX</i>                                                   |
| <b>4</b><br>NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| <b>5</b><br>IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

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| HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                           | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>4304 Parkwood<br/>Austin TX 78722</i>                                                                               |
| DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single family residence</i>                                                                                  |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

|                                                                                                                                |                                                                                                                                                                             |
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| <b>1</b><br>HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>2</b><br>STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                           | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>106 Longspur</i>                                                                                                    |
| <b>3</b><br>DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single family residence</i>                                                                                  |
| <b>4</b><br>NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole</i><br><i>Sheryl Cole</i>                                                                                                                                     |
| <b>5</b><br>IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

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| HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                           | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>9409 Meadow Vale</i>                                                                                                |
| DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single family residence</i>                                                                                  |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole</i><br><i>Sheryl Cole</i>                                                                                                                                     |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

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| <b>1</b><br>HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>2</b><br>STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                           | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>3217 Crownover</i>                                                                                                  |
| <b>3</b><br>DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single family residence</i>                                                                                  |
| <b>4</b><br>NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole</i><br><i>Sheryl Cole</i>                                                                                                                                     |
| <b>5</b><br>IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|                                                                                                                    |                                                                                                                                                                             |
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| HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                           | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>11409 Pollyana</i>                                                                                                  |
| DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single family residence</i>                                                                                  |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole</i><br><i>Sheryl Cole</i>                                                                                                                                     |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

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|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> HELD OR ACQUIRED BY                                                                                          | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>2</b> STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                     | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>5700 Purple Sage</i>                                                                                                |
| <b>3</b> DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                    | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED:<br><i>Vacant Lot</i>                                                                                              |
| <b>4</b> NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | <i>Kevin Cole</i><br><i>Sheryl Cole</i>                                                                                                                                     |
| <b>5</b> IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                            | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

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| HELD OR ACQUIRED BY                                                                                          | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                     | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>7200 Inspiration</i>                                                                                                |
| DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                    | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED:<br><i>Vacant Lot</i>                                                                                              |
| NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | <i>Kevin Cole</i><br><i>Sheryl Cole</i>                                                                                                                                     |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                            | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

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| <b>1</b><br>HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>2</b><br>STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                           | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>5704 Purple Sage</i>                                                                                                |
| <b>3</b><br>DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Vacant Lot</i>                                                                                               |
| <b>4</b><br>NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole</i><br><i>Sheryl Cole</i>                                                                                                                                     |
| <b>5</b><br>IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|                                                                                                                    |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HELD OR ACQUIRED BY                                                                                                | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                           | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>1605 Andrews</i>                                                                                                    |
| DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family residence</i><br><i>Henry Nelson (father resides)</i>                                          |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole</i><br><i>Sheryl Cole</i>                                                                                                                                     |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

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|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> HELD OR ACQUIRED BY                                                                                          | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                    |
| <b>2</b> STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                     | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>SEE ATTACHED</i>                                                                                                               |
| <b>3</b> DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                    | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED:<br><i>VACANT LOTS</i>                                                                                                        |
| <b>4</b> NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | <i>Kevin Cole</i><br><i>Sheryl Cole</i>                                                                                                                                                |
| <b>5</b> IF SOLD<br><input checked="" type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                 | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                          |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE                                                              | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE                                                                                                                                      |
| DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                        | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED                                                                                                                               |
| NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)          |                                                                                                                                                                                        |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                     | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE            |

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## Travis Search Results

There were 111 matches:

Displaying Records 1 - 100

| Property ID | Ref ID 2       | Owner Name     | 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 |

|        |                |                |                    |          |
|--------|----------------|----------------|--------------------|----------|
| 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

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<br>CRYSTALBROOK | 750.00   |
| 442364      | 02253007210000 | COLE KEVIN W & | W 7626<br>CRYSTALBROOK | 750.00   |

**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.

|                                                                                               |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>HELD OR ACQUIRED BY                                                               | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                    |
| <b>2</b><br>DESCRIPTION                                                                       | NAME AND ADDRESS<br><i>Cole &amp; Powell, Professional Corporation<br/>(Law Firm)</i>                                                                                       |
| <b>3</b><br>IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| DESCRIPTION                                                                                   | NAME AND ADDRESS                                                                                                                                                            |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| DESCRIPTION                                                                                   | NAME AND ADDRESS                                                                                                                                                            |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**GIFTS****PART 8**☒ NOT APPLICABLE

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.

|                                 |                                                                                                               |
|---------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DONOR               | NAME AND ADDRESS                                                                                              |
| <b>2</b><br>RECIPIENT           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>3</b><br>DESCRIPTION OF GIFT |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**TRUST INCOME****PART 9**☒ NOT APPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$500* in income, if the identity of the asset is known. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

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

|                                                                                                  |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE                                                                               | NAME OF TRUST                                                                                                                                                               |
| <b>2</b><br>BENEFICIARY                                                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>INCOME                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <b>4</b><br>ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN |                                                                                                                                                                             |
| SOURCE                                                                                           | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN             |                                                                                                                                                                             |
| SOURCE                                                                                           | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN             |                                                                                                                                                                             |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**BLIND TRUSTS****PART 10A**
☒ NOT APPLICABLE

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.

|          |                   |                                                                                                                                                                             |
|----------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> | NAME OF TRUST     |                                                                                                                                                                             |
| <b>2</b> | TRUSTEE           | NAME AND ADDRESS                                                                                                                                                            |
| <b>3</b> | BENEFICIARY       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>4</b> | FAIR MARKET VALUE | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <b>5</b> | DATE CREATED      |                                                                                                                                                                             |
| <hr/>    |                   |                                                                                                                                                                             |
|          | NAME OF TRUST     |                                                                                                                                                                             |
|          | TRUSTEE           | NAME AND ADDRESS                                                                                                                                                            |
|          | BENEFICIARY       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
|          | FAIR MARKET VALUE | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|          | DATE CREATED      |                                                                                                                                                                             |
| <hr/>    |                   |                                                                                                                                                                             |
|          | NAME OF TRUST     |                                                                                                                                                                             |
|          | TRUSTEE           | NAME AND ADDRESS                                                                                                                                                            |
|          | BENEFICIARY       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
|          | FAIR MARKET VALUE | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|          | DATE CREATED      |                                                                                                                                                                             |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**TRUSTEE STATEMENT****PART 10B**☒ NOT APPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 NAME OF TRUST                                        |                                                                                                                                                                                                                                                                                                                                                                                       |
| 2 TRUSTEE NAME                                         |                                                                                                                                                                                                                                                                                                                                                                                       |
| 3 FILER ON WHOSE<br>BEHALF STATEMENT<br>IS BEING FILED | NAME                                                                                                                                                                                                                                                                                                                                                                                  |
| 4 TRUSTEE STATEMENT                                    | <p>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.</p> <p style="text-align: right;">_____<br/>Trustee Signature</p> |

**§ 572.023. Contents of Financial Statement in General**

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

**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.

|                                     |                                                |                                                                                        |
|-------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>1</b> BUSINESS ASSOCIATION       | NAME AND ADDRESS                               |                                                                                        |
| <b>2</b> BUSINESS TYPE              |                                                |                                                                                        |
| <b>3</b> HELD, ACQUIRED, OR SOLD BY | <input type="checkbox"/> FILER                 | <input type="checkbox"/> SPOUSE                                                        |
|                                     | <input type="checkbox"/> DEPENDENT CHILD _____ |                                                                                        |
| <b>4</b> ASSETS                     | DESCRIPTION                                    | CATEGORY                                                                               |
|                                     |                                                | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999   |
|                                     |                                                | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999   |
|                                     |                                                | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999   |
|                                     |                                                | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999   |
|                                     |                                                | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999   |
|                                     |                                                | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999   |
|                                     |                                                | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999   |
|                                     |                                                | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999   |
|                                     |                                                | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**LIABILITIES OF BUSINESS ASSOCIATIONS****PART 11B**☒ 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.

|                                     |                                                                                                               |                                                                                                                                                                                |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 BUSINESS ASSOCIATION</b>       | NAME AND ADDRESS                                                                                              |                                                                                                                                                                                |
| <b>2 BUSINESS TYPE</b>              |                                                                                                               |                                                                                                                                                                                |
| <b>3 HELD, ACQUIRED, OR SOLD BY</b> | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |                                                                                                                                                                                |
| <b>4 LIABILITIES</b>                | DESCRIPTION                                                                                                   | CATEGORY                                                                                                                                                                       |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                                     |                                                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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 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                   |                                            |                                                |
| <sup>3</sup> POSITION HELD BY | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                |                                            |                                                |
| POSITION HELD                 |                                |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                |                                            |                                                |
| POSITION HELD                 |                                |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                |                                            |                                                |
| POSITION HELD                 |                                |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                |                                            |                                                |
| POSITION HELD                 |                                |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION****PART 13**☒ 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**

**INTEREST IN BUSINESS IN COMMON WITH LOBBYIST****PART 14**☐ NOT APPLICABLE

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

<sup>1</sup> BUSINESS ENTITY

*Vacant Lots*  
*Cole Ventures*

NAME AND ADDRESS

*5700 Purple Sage*  
*2200 Inspiration*  
*5704 Purple Sage*

<sup>2</sup> INTEREST HELD BY☒ FILER☒ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_

BUSINESS ENTITY

NAME AND ADDRESS

INTEREST HELD BY

☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_

BUSINESS ENTITY

NAME AND ADDRESS

INTEREST HELD BY

☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_

BUSINESS ENTITY

NAME AND ADDRESS

INTEREST HELD BY

☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_

BUSINESS ENTITY

NAME AND ADDRESS

INTEREST HELD BY

☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



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

## PART 15

☒ NOT APPLICABLE

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<br>FOR WHOM SERVICES<br>WERE PROVIDED |                                                                                                                                                                             |
| <sup>2</sup> FEE CATEGORY                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**REPRESENTATION BY LEGISLATOR BEFORE  
STATE AGENCY****PART 16**☒ NOT APPLICABLE

*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       | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                    |                                                                                                                                                                             |
| PERSON REPRESENTED              |                                                                                                                                                                             |
| FEE CATEGORY                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                    |                                                                                                                                                                             |
| PERSON REPRESENTED              |                                                                                                                                                                             |
| FEE CATEGORY                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                    |                                                                                                                                                                             |
| PERSON REPRESENTED              |                                                                                                                                                                             |
| FEE CATEGORY                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

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

**PART 17**
☒ NOT APPLICABLE

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**

**LEGISLATIVE CONTINUANCES****PART 18**☒ 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.

|                                                          |                                                          |
|----------------------------------------------------------|----------------------------------------------------------|
| <b>1</b><br>NAME OF PARTY<br>REPRESENTED                 |                                                          |
| <b>2</b><br>DATE RETAINED                                |                                                          |
| <b>3</b><br>STYLE, CAUSE NUMBER,<br>COURT & JURISDICTION |                                                          |
| <b>4</b><br>DATE OF CONTINUANCE<br>APPLICATION           |                                                          |
| <b>5</b><br>WAS CONTINUANCE<br>GRANTED?                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME OF PARTY<br>REPRESENTED                             |                                                          |
| DATE RETAINED                                            |                                                          |
| STYLE, CAUSE NUMBER,<br>COURT, & JURISDICTION            |                                                          |
| DATE OF CONTINUANCE<br>APPLICATION                       |                                                          |
| WAS CONTINUANCE<br>GRANTED?                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**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.

*Sherry W. Cole*

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sherry W. Cole, this the 24th day of April, 20 07, to certify which, witness my hand and seal of office.

*Lenda L. Ferrell*

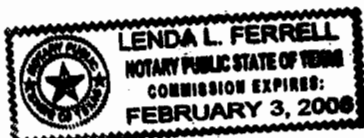
Signature of officer administering oath

Lenda L. Ferrell

Print name of officer administering oath

Notary Public

Title of officer administering oath



**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2008, covering calendar year ending December 31, 2007.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

**1 NAME**

TITLE: FIRST; MI

NICKNAME; LAST; SUFFIX

Sheryl Cole

**2 ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4101 Wildwood  
Austin, Tx 78722☐ (CHECK IF FILER'S HOME ADDRESS)**3 TELEPHONE  
NUMBER**

AREA CODE

PHONE NUMBER; EXTENSION

(512) 419-1539

**OFFICE USE ONLY**

Date Received

Receipt #

HD / PM

Date Processed

Date Imaged

**4 REASON  
FOR FILING  
STATEMENT**

- ☐ CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ☒ ELECTED OFFICER \_\_\_\_\_ (INDICATE OFFICE)
- ☐ APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)
- ☐ EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)
- ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- ☐ STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)
- ☐ OTHER \_\_\_\_\_ (INDICATE POSITION)

**5** Family members 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 \_\_\_\_\_

DEPENDENT CHILD 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**

**SOURCES OF OCCUPATIONAL INCOME****PART 1A**☐ NOT APPLICABLE

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.

|                                                                                                                                         |                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>INFORMATION RELATES TO                                                                                                      | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                       |
| <b>2</b><br>EMPLOYMENT<br><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><input type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check If Filer's Home Address)<br><br><i>Cole &amp; Powell</i><br><i>400 W. 15th Ste. 304</i><br><i>Austin TX 78701</i><br><br>NATURE OF OCCUPATION  |
| INFORMATION RELATES TO                                                                                                                  | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                       |
| EMPLOYMENT<br><br><input type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><input type="checkbox"/> SELF-EMPLOYED                        | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check If Filer's Home Address)<br><br><i>Cole &amp; Powell</i><br><i>400 W. 15th Ste. 304</i><br><i>Austin, TX 78701</i><br><br>NATURE OF OCCUPATION |
| INFORMATION RELATES TO                                                                                                                  | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                  |
| EMPLOYMENT<br><br><input type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><input type="checkbox"/> SELF-EMPLOYED                        | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check If Filer's Home Address)<br><br><br><br><br>NATURE OF OCCUPATION                                                                               |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**RETAINERS****PART 1B**☒ NOT APPLICABLE

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.

|                               |                                                                                                                                                                                                                                             |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>FEE RECEIVED FROM | NAME AND ADDRESS                                                                                                                                                                                                                            |
| <b>2</b><br>FEE RECEIVED BY   | NAME OF BUSINESS<br><br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| <b>3</b><br>FEE AMOUNT        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                 |
| FEE RECEIVED FROM             | NAME AND ADDRESS                                                                                                                                                                                                                            |
| FEE RECEIVED BY               | NAME OF BUSINESS<br><br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| FEE AMOUNT                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                 |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**STOCK****PART 2**☒ NOT APPLICABLE

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.

|                                    |                                         |                                                                                                                                                                             |                                                |                                         |
|------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------|
| <b>1 BUSINESS ENTITY</b>           | NAME _____                              |                                                                                                                                                                             |                                                |                                         |
| <b>2 STOCK HELD OR ACQUIRED BY</b> | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE                                                                                                                                             | <input type="checkbox"/> DEPENDENT CHILD _____ |                                         |
| <b>3 NUMBER OF SHARES</b>          | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499                                                                                                                                         | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999 |
|                                    | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE                                                                                                                                     |                                                |                                         |
| <b>4 IF SOLD</b>                   | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                                |                                         |
|                                    | <input type="checkbox"/> NET LOSS       |                                                                                                                                                                             |                                                |                                         |
| <b>BUSINESS ENTITY</b>             |                                         |                                                                                                                                                                             |                                                |                                         |
| NAME _____                         |                                         |                                                                                                                                                                             |                                                |                                         |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE                                                                                                                                             | <input type="checkbox"/> DEPENDENT CHILD _____ |                                         |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499                                                                                                                                         | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999 |
|                                    | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE                                                                                                                                     |                                                |                                         |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                                |                                         |
|                                    | <input type="checkbox"/> NET LOSS       |                                                                                                                                                                             |                                                |                                         |
| <b>BUSINESS ENTITY</b>             |                                         |                                                                                                                                                                             |                                                |                                         |
| NAME _____                         |                                         |                                                                                                                                                                             |                                                |                                         |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE                                                                                                                                             | <input type="checkbox"/> DEPENDENT CHILD _____ |                                         |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499                                                                                                                                         | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999 |
|                                    | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE                                                                                                                                     |                                                |                                         |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                                |                                         |
|                                    | <input type="checkbox"/> NET LOSS       |                                                                                                                                                                             |                                                |                                         |
| <b>BUSINESS ENTITY</b>             |                                         |                                                                                                                                                                             |                                                |                                         |
| NAME _____                         |                                         |                                                                                                                                                                             |                                                |                                         |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE                                                                                                                                             | <input type="checkbox"/> DEPENDENT CHILD _____ |                                         |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499                                                                                                                                         | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999 |
|                                    | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE                                                                                                                                     |                                                |                                         |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                                |                                         |
|                                    | <input type="checkbox"/> NET LOSS       |                                                                                                                                                                             |                                                |                                         |
| <b>BUSINESS ENTITY</b>             |                                         |                                                                                                                                                                             |                                                |                                         |
| NAME _____                         |                                         |                                                                                                                                                                             |                                                |                                         |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE                                                                                                                                             | <input type="checkbox"/> DEPENDENT CHILD _____ |                                         |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499                                                                                                                                         | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999 |
|                                    | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE                                                                                                                                     |                                                |                                         |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                                |                                         |
|                                    | <input type="checkbox"/> NET LOSS       |                                                                                                                                                                             |                                                |                                         |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**BONDS, NOTES & OTHER COMMERCIAL PAPER****PART 3**☒ NOT APPLICABLE

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.

|                                                                                                       |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DESCRIPTION<br>OF INSTRUMENT                                                              |                                                                                                                                                                             |
| <b>2</b><br>HELD OR ACQUIRED BY                                                                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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. 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<br><i>"American Funds"</i>                                            | 11 "Bond Fund of America" <sup>NAME</sup> CAPWLD Gr INC A; European Growth; Fundamental Investors; Growth Fund of America; Growth Fund of America; Investment Co. of America; New Perspective Small Cap World A                                      |                                            |                                                |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                         | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                            | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 NUMBER OF SHARES OF MUTUAL FUND                                                   | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |                                            |                                                |
| 4 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |                                            |                                                |
| MUTUAL FUND<br><i>College America (American Funds)</i>                              | <i>American Funds Cap Inc</i> <sup>NAME</sup> <i>Builder</i><br><i>American Funds Gr Fund of America</i>                                                                                                                                             |                                            |                                                |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                           | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                            | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES OF MUTUAL FUND                                                     | <input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |                                            |                                                |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |                                            |                                                |
| MUTUAL FUND<br><i>College America (American Funds)</i>                              | <i>American Funds Cap Inc</i> <sup>NAME</sup> <i>American Funds Gr Fund of America</i>                                                                                                                                                               |                                            |                                                |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                           | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                            | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES OF MUTUAL FUND                                                     | <input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |                                            |                                                |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |                                            |                                                |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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. 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<br><i>Northwest Mutual<br/>Wealth Mgmt</i>                         | <i>CapWorld Bond; Brokerage Money Market; Columbia Acorn<br/>Int'l; Davis New York Venture; Dodge Cox; Dodge Cox Int'l; Mobility Add;<br/>Franklin Convertible; IShares TR Coked; IShares S&amp;P 500; Kelsey Small Cap<br/>Value Fund Class A; Metropolitan West; Royce Opportunity; SPDR Index<br/>Thornburg Value; Vanguard Developed Markets; Vanguard Index Mid<br/>Cap; Vanguard Mid Cap; Vanguard FTSE Value; Vanguard Int'l Equity; Vanguard<br/>Morgan Brown</i> |                                            |                                                                                        |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                   | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                                             | <input type="checkbox"/> LESS THAN 100                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 |
|                                                                                  | <input type="checkbox"/> 5,000 TO 9,999                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> 10,000 OR MORE    |                                                                                        |
| 4 IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| MUTUAL FUND<br><i>NW Wealth Mgmt</i>                                             | <i>American Funds Capital</i> NAME<br><i>American Funds Inc FND of America</i><br><i>American Funds New Perspective</i>                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                        |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 |
|                                                                                  | <input type="checkbox"/> 5,000 TO 9,999                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> 10,000 OR MORE    |                                                                                        |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| "MUTUAL FUND"<br><i>"American Funds"</i>                                         | <i>"Pacific Growth; Fundamental Investors<br/>New Economy; New Perspective; Cash<br/>Management Trust of America"</i> NAME                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                        |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 |
|                                                                                  | <input type="checkbox"/> 5,000 TO 9,999                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> 10,000 OR MORE    |                                                                                        |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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. 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<br><i>International</i><br><i>(Deferred Compensation)</i>          | NAME<br><i>American Century, International Growth, Artisan International, Oppenheimer Global, Fund A</i> |                                                |                                                |                                                    |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                   | <input checked="" type="checkbox"/> FILER                                                                | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____ |                                                    |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                                             | <input type="checkbox"/> LESS THAN 100                                                                   | <input type="checkbox"/> 100 TO 499            | <input type="checkbox"/> 500 TO 999            | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
|                                                                                  | <input type="checkbox"/> 5,000 TO 9,999                                                                  | <input type="checkbox"/> 10,000 OR MORE        |                                                |                                                    |
| 4 IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000                                                               | <input type="checkbox"/> \$5,000--\$9,999      | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE         |
| MUTUAL FUND<br><i>Small Cap</i><br><i>(Deferred Compensation)</i>                | NAME<br><i>Columbia Acorn Fund-2; Oreyfus Small Cap Stock; Index Fund</i>                                |                                                |                                                |                                                    |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER                                                                | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____ |                                                    |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100                                                                   | <input type="checkbox"/> 100 TO 499            | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999            |
|                                                                                  | <input type="checkbox"/> 5,000 TO 9,999                                                                  | <input type="checkbox"/> 10,000 OR MORE        |                                                |                                                    |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                               | <input type="checkbox"/> \$5,000--\$9,999      | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE         |
| MUTUAL FUND<br><i>Mid Cap</i><br><i>(Deferred Compensation)</i>                  | NAME<br><i>Artisan Mid Cap Fund</i>                                                                      |                                                |                                                |                                                    |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER                                                                | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____ |                                                    |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100                                                                   | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999            |
|                                                                                  | <input type="checkbox"/> 5,000 TO 9,999                                                                  | <input type="checkbox"/> 10,000 OR MORE        |                                                |                                                    |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                               | <input type="checkbox"/> \$5,000--\$9,999      | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE         |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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. 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.

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|                                                                                  |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 MUTUAL FUND<br><i>Large Cap<br/>(Deprived Compensation)</i>                    | <i>American Century Ultra, NAME Fund, American Funds<br/>Growth Fund A, BBIS+P500 Stock, Fund<br/>Davis New York Venture, AFUND T ROWE Price Equity<br/>Income Fund</i>                                                                              |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                             |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                                             | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| 4 IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |
| MUTUAL FUND<br><i>Morgan Stanley</i>                                             | <i>Dell Inc NAME<br/>mc Focus Growth Fd A</i>                                                                                                                                                                                                        |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                             |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |
| MUTUAL FUND<br><i>ABA Retirement<br/>Fund</i>                                    | <i>Stable Asset Return Fund; Intermediate<br/>Bond Fund; Balanced Fund NAME</i>                                                                                                                                                                      |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                             |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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. 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.

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|                                                                               |                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 MUTUAL FUND<br><i>ABA Retirement Fund</i>                                   | <i>Stable Asset Return Fund, Intermediate Bond Fund, Large-Cap Growth Equity Fund, Mid-Cap Value Equity Fund, Mid-Cap Growth Equity Fund</i>                                                                                                         |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                             |
| 3 NUMBER OF SHARES OF MUTUAL FUND                                             | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |
| MUTUAL FUND                                                                   | NAME                                                                                                                                                                                                                                                 |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                     | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                                        |
| NUMBER OF SHARES OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |
| MUTUAL FUND                                                                   | NAME                                                                                                                                                                                                                                                 |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                     | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                                        |
| NUMBER OF SHARES OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☐ NOT APPLICABLE

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.

|                                                      |                                                                                                                                                                                     |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> SOURCE OF INCOME<br><i>Residential Home</i> | NAME AND ADDRESS<br><i>106 Longspur<br/>Austin, TX</i>                                                                                                                              |
| <b>2</b> RECEIVED BY                                 | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                 |
| <b>3</b> AMOUNT                                      | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME<br><i>Residential Home</i>          | NAME AND ADDRESS<br><i>9409 Meadowvale<br/>Austin, TX</i>                                                                                                                           |
| RECEIVED BY                                          | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                 |
| AMOUNT                                               | <input type="checkbox"/> \$500--\$4,999 <input checked="" type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME<br><i>Residential Home</i>          | NAME AND ADDRESS<br><i>3217 Crownover<br/>Austin, TX</i>                                                                                                                            |
| RECEIVED BY                                          | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                 |
| AMOUNT                                               | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☐ NOT APPLICABLE

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.

|                                                         |                                                                                                                                                                                     |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE OF INCOME<br><i>Residential Home</i> | NAME AND ADDRESS<br><i>11409 Tollyann<br/>Austin, TX</i>                                                                                                                            |
| <b>2</b><br>RECEIVED BY                                 | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| <b>3</b><br>AMOUNT                                      | <input type="checkbox"/> \$500--\$4,999 <input checked="" type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME<br><i>Residential Home</i>             | NAME AND ADDRESS<br><i>4304 Parkwood<br/>Austin, TX 78722</i>                                                                                                                       |
| RECEIVED BY                                             | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                 |
| AMOUNT                                                  | <input type="checkbox"/> \$500--\$4,999 <input checked="" type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME                                        | NAME AND ADDRESS                                                                                                                                                                    |
| RECEIVED BY                                             | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                       |
| AMOUNT                                                  | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE            |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**PERSONAL NOTES AND LEASE AGREEMENTS****PART 6**☒ NOT APPLICABLE

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

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

|                                                                         |                                                                                                                                                                            |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT |                                                                                                                                                                            |
| <b>2</b><br>LIABILITY OF                                                | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| <b>3</b><br>GUARANTOR                                                   |                                                                                                                                                                            |
| <b>4</b><br>AMOUNT                                                      | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT             |                                                                                                                                                                            |
| LIABILITY OF                                                            | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| GUARANTOR                                                               |                                                                                                                                                                            |
| AMOUNT                                                                  | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT             |                                                                                                                                                                            |
| LIABILITY OF                                                            | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| GUARANTOR                                                               |                                                                                                                                                                            |
| AMOUNT                                                                  | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INTERESTS IN REAL PROPERTY****PART 7A**☐ NOTAPPLICABLE

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

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

|                                                                                                                      |                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| 2 STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>4101 Wildwood<br/>Austin, Tx 78722</i>                                                                              |
| 3 DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family residence (Travis County)</i>                                                                  |
| 4 NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| 5 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|                                                                                                                    |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>5704 Purple Sage<br/>Austin, TX</i>                                                                                 |
| DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family lot (undeveloped)<br/>(Travis County)</i>                                                      |
| NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

|                                                                                                                             |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 HELD OR ACQUIRED BY</b>                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>2 STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>7200 Inspiration<br/>Austin, TX</i>                                                                                 |
| <b>3 DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family<br/>lot (undeveloped) (Travis County)</i>                                                      |
| <b>4 NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>sheryl cole</i>                                                                                                                                           |
| <b>5 IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

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|                                                                                                                           |                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HELD OR ACQUIRED BY</b>                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>4304 Parkwood<br/>Austin TX</i>                                                                                     |
| <b>DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family residence<br/>(Travis County)</i>                                                              |
| <b>NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>sheryl cole</i>                                                                                                                                           |
| <b>IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

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|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 HELD OR ACQUIRED                                                                                                   | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                      |
| 2 STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br>9409 Meadow Vale<br>Austin, TX                                                                                      |
| 3 DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>single family residence<br>(Travis County)                                                                   |
| 4 NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | Kevin Cole<br>Sheri Cole                                                                                                                                                 |
| 5 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |

|                                                                                                                    |                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                      |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br>11409 Pollyanna<br>Austin, TX                                                                                       |
| DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>single family residence (Travis County)                                                                      |
| NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | Kevin Cole<br>Sheri Cole                                                                                                                                                 |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR 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 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.

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|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 HELD OR ACQUIRED                                                                                                   | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                      |
| 2 STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>3717 Crownover<br/>Austin, Tx</i>                                                                                |
| 3 DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family residence<br/>(Travis County)</i>                                                           |
| 4 NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sheri Cole</i>                                                                                                                                         |
| 5 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |

|                                                                                                                    |                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                      |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>106 Longspur<br/>Austin, Tx</i>                                                                                  |
| DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                          | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED                                                                                                                 |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sheri Cole</i>                                                                                                                                         |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR 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 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.

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|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 HELD OR ACQUIRED                                                                                                   | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                      |
| 2 STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>1605 Andrews<br/>Wichita Falls, TX</i>                                                                           |
| 3 DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family residence<br/>(Wichita County)</i>                                                          |
| 4 NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sheep-Cole</i>                                                                                                                                         |
| 5 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |
| HELD OR ACQUIRED BY                                                                                                  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                      |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS   | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE                                                                                                                        |
| DESCRIPTION<br><input checked="" type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                            | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED                                                                                                                 |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST)   |                                                                                                                                                                          |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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.

|                                                                                               |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>HELD OR ACQUIRED BY                                                               | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>2</b><br>DESCRIPTION                                                                       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)                                                                                                |
| <b>3</b><br>IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| DESCRIPTION                                                                                   | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)                                                                                                |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| DESCRIPTION                                                                                   | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)                                                                                                |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**GIFTS****PART 8**☒ NOT APPLICABLE

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.

|                                 |                                                                                                               |
|---------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DONOR               | NAME AND ADDRESS                                                                                              |
| <b>2</b><br>RECIPIENT           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>3</b><br>DESCRIPTION OF GIFT |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**TRUST INCOME****PART 9**☒ NOT APPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$500* in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

|                                                                                                   |                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <sup>1</sup> SOURCE                                                                               | NAME OF TRUST                                                                                                                                                               |
| <sup>2</sup> BENEFICIARY                                                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <sup>3</sup> INCOME                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <sup>4</sup> ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN |                                                                                                                                                                             |
| SOURCE                                                                                            | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                            | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN              |                                                                                                                                                                             |
| SOURCE                                                                                            | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                            | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN              |                                                                                                                                                                             |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**BLIND TRUSTS****PART 10A**
☒ NOT APPLICABLE

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.

|       |                   |                                                                                                                                                                             |
|-------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1     | NAME OF TRUST     |                                                                                                                                                                             |
| 2     | TRUSTEE           | NAME AND ADDRESS                                                                                                                                                            |
| 3     | BENEFICIARY       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| 4     | FAIR MARKET VALUE | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| 5     | DATE CREATED      |                                                                                                                                                                             |
| <hr/> |                   |                                                                                                                                                                             |
|       | NAME OF TRUST     |                                                                                                                                                                             |
|       | TRUSTEE           | NAME AND ADDRESS                                                                                                                                                            |
|       | BENEFICIARY       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
|       | FAIR MARKET VALUE | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|       | DATE CREATED      |                                                                                                                                                                             |
| <hr/> |                   |                                                                                                                                                                             |
|       | NAME OF TRUST     |                                                                                                                                                                             |
|       | TRUSTEE           | NAME AND ADDRESS                                                                                                                                                            |
|       | BENEFICIARY       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
|       | FAIR MARKET VALUE | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|       | DATE CREATED      |                                                                                                                                                                             |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**TRUSTEE STATEMENT****PART 10B**
☒ NOT APPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 NAME OF TRUST                                  |                                                                                                                                                                                                                                                                                                                                                                                       |
| 2 TRUSTEE NAME                                   |                                                                                                                                                                                                                                                                                                                                                                                       |
| 3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED | NAME                                                                                                                                                                                                                                                                                                                                                                                  |
| 4 TRUSTEE STATEMENT                              | <p>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.</p> <p style="text-align: right;">_____<br/>Trustee Signature</p> |

**§ 572.023. Contents of Financial Statement in General**

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

**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.

|                              |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br><i>Cole &amp; Powell</i><br><i>400 W. 15th Street</i><br><i>Austin, TX 78701</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2 BUSINESS TYPE              | <i>Law Firm</i>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3 HELD, ACQUIRED, OR SOLD BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4 ASSETS                     | DESCRIPTION                                                                                                                                                      | CATEGORY<br><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**LIABILITIES OF BUSINESS ASSOCIATIONS****PART 11B**☐ 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       | NAME AND ADDRESS<br><input type="checkbox"/> (Check if Filer's Home Address)<br><br><i>Cole &amp; Powell</i>             |                                                                                                                                                                                            |
| 2 BUSINESS TYPE              | <i>Law Firm</i>                                                                                                          |                                                                                                                                                                                            |
| 3 HELD, ACQUIRED, OR SOLD BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |                                                                                                                                                                                            |
| 4 LIABILITIES                | DESCRIPTION                                                                                                              | CATEGORY<br><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
|                              |                                                                                                                          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE             |
|                              |                                                                                                                          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE             |
|                              |                                                                                                                          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE             |
|                              |                                                                                                                          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE             |
|                              |                                                                                                                          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE             |
|                              |                                                                                                                          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE             |
|                              |                                                                                                                          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE  |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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 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     | <i>United Way</i>              |                                            |                                                |
| <sup>2</sup> POSITION HELD    | <i>Board Member</i>            |                                            |                                                |
| <sup>3</sup> POSITION HELD BY | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  | <i>Urban Renewal Agency</i>    |                                            |                                                |
| POSITION HELD                 | <i>Board Chairman</i>          |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                |                                            |                                                |
| POSITION HELD                 |                                |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                |                                            |                                                |
| POSITION HELD                 |                                |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                |                                            |                                                |
| POSITION HELD                 |                                |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION****PART 13**☒ 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**



**INTEREST IN BUSINESS IN COMMON WITH LOBBYIST****PART 14**☐ NOT APPLICABLE

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

|                                                                     |                                                                                                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>BUSINESS ENTITY<br><i>Cole Ventures<br/>Vacant Lots</i> | NAME AND ADDRESS<br><i>5704 Purple Sage<br/>7200 Inspiration<br/>Austin, TX</i>                                                     |
| <b>2</b><br>INTEREST HELD BY                                        | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| BUSINESS ENTITY                                                     | NAME AND ADDRESS                                                                                                                    |
| INTEREST HELD BY                                                    | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                       |
| BUSINESS ENTITY                                                     | NAME AND ADDRESS                                                                                                                    |
| INTEREST HELD BY                                                    | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                       |
| BUSINESS ENTITY                                                     | NAME AND ADDRESS                                                                                                                    |
| INTEREST HELD BY                                                    | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                       |
| BUSINESS ENTITY                                                     | NAME AND ADDRESS                                                                                                                    |
| INTEREST HELD BY                                                    | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                       |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

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

## PART 15

☒ NOT APPLICABLE

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<br>FOR WHOM SERVICES<br>WERE PROVIDED |                                                                                                                                                                             |
| <sup>2</sup> FEE CATEGORY                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**REPRESENTATION BY LEGISLATOR BEFORE  
STATE AGENCY****PART 16**☒ NOT APPLICABLE

*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       | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                    |                                                                                                                                                                             |
| PERSON REPRESENTED              |                                                                                                                                                                             |
| FEE CATEGORY                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                    |                                                                                                                                                                             |
| PERSON REPRESENTED              |                                                                                                                                                                             |
| FEE CATEGORY                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                    |                                                                                                                                                                             |
| PERSON REPRESENTED              |                                                                                                                                                                             |
| FEE CATEGORY                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

**PART 17**
☒ NOT APPLICABLE

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 |                  |

**LEGISLATIVE CONTINUANCES****PART 18**☒ 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.

|                                                          |                                                          |
|----------------------------------------------------------|----------------------------------------------------------|
| <b>1</b><br>NAME OF PARTY<br>REPRESENTED                 |                                                          |
| <b>2</b><br>DATE RETAINED                                |                                                          |
| <b>3</b><br>STYLE, CAUSE NUMBER,<br>COURT & JURISDICTION |                                                          |
| <b>4</b><br>DATE OF CONTINUANCE<br>APPLICATION           |                                                          |
| <b>5</b><br>WAS CONTINUANCE<br>GRANTED?                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME OF PARTY<br>REPRESENTED                             |                                                          |
| DATE RETAINED                                            |                                                          |
| STYLE, CAUSE NUMBER,<br>COURT, & JURISDICTION            |                                                          |
| DATE OF CONTINUANCE<br>APPLICATION                       |                                                          |
| WAS CONTINUANCE<br>GRANTED?                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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

Sheryl N. Cole  
Signature of Filer



Sworn to and subscribed before me, by the said Sheryl N. Cole, this the 4 day of April, 20 08, to certify which, witness my hand and seal of office.

Ann Franklin

Signature of officer administering oath

Ann Franklin

Print name of officer administering oath

Notary Public  
Title of officer administering oath

# CORRECTED FINANCIAL STATEMENT AND GOOD-FAITH AFFIDAVIT

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

|                                                                               |               |
|-------------------------------------------------------------------------------|---------------|
| Filer Name (First, MI, Last)<br><i>Sheryl N. Cole</i>                         | Account #<br> |
| Address (P.O. Box or Street Address, Apt. or Suite #)<br><i>4101 Wildwood</i> |               |
| (City, State, Zip Code)<br><i>Austin, Tx 78722</i>                            |               |

| OFFICE USE ONLY |                    |
|-----------------|--------------------|
| Receipt #<br>   | Amount<br>         |
| HD / PM<br>     | Date Processed<br> |
| Date Imaged<br> | Date Imaged<br>    |

2008 MAY 5 PM 2 38  
 POSTING: DATE/TIME  
 AUSTIN CITY CLERK

The correction(s) filed with this affidavit apply to my financial statement due in

☒ 2008 
 ☐ 2007 
 ☐ 2006 
 ☐ 2005 
 ☐ 2004 
 ☐ 2003 
 ☐ Other \_\_\_\_\_

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

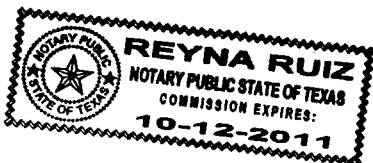
### Explanation of Correction

*Dean Witter Mutual fund \$19,000*  
*State Farm Life Insurance \$14,879*

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*Sheryl N. Cole*  
 Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Sheryl N. Cole this the 5 day of

May, 20 08, to certify which, witness my hand and seal of office.

*Reyna Ruiz*      Reyna Ruiz      Administrative Specialist  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**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.



**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2009, covering calendar year ending December 31, 2008.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

**1 NAME**

TITLE; FIRST; MI

*Sheryl N Cole*

NICKNAME; LAST; SUFFIX

**2 ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

*4101 W. Idarood  
Austin, Tx 78722*☐ (CHECK IF FILER'S HOME ADDRESS)**3 TELEPHONE  
NUMBER**

AREA CODE PHONE NUMBER; EXTENSION

*(512) 419-1539***4 REASON  
FOR FILING  
STATEMENT**☐ CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)☒ ELECTED OFFICER \_\_\_\_\_ (INDICATE OFFICE)☐ APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)☐ EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT☐ STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)☐ OTHER \_\_\_\_\_ (INDICATE POSITION)

**5** Family members 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 \_\_\_\_\_

DEPENDENT CHILD 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**

AUSTIN CITY CLERK  
POSTING: DATE/TIME  
2009 MAR 16 PM 3 20

**SOURCES OF OCCUPATIONAL INCOME****PART 1A**☐ NOTAPPLICABLE

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

|                                                                                                                                             |                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>INFORMATION RELATES TO                                                                                                          | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                             |
| <b>2</b><br>EMPLOYMENT<br><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><input type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check If Filer's Home Address)<br><br><i>Cole Law Firm</i><br><i>4101 W. Idwood</i><br><i>Austin, TX 78722</i><br><br>NATURE OF OCCUPATION |
| INFORMATION RELATES TO                                                                                                                      | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                             |
| EMPLOYMENT<br><br><input type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><input type="checkbox"/> SELF-EMPLOYED                        | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check If Filer's Home Address)<br><br><i>Cole Law Firm</i><br><i>4101 W. Idwood</i><br><i>Austin, TX 78722</i><br><br>NATURE OF OCCUPATION |
| INFORMATION RELATES TO                                                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                        |
| EMPLOYMENT<br><br><input type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><input type="checkbox"/> SELF-EMPLOYED                        | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check If Filer's Home Address)<br><br><br><br>NATURE OF OCCUPATION                                                                         |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**RETAINERS****PART 1B**☒ NOT APPLICABLE

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.

|                               |                                                                                                                                                                                                                                             |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>FEE RECEIVED FROM | NAME AND ADDRESS                                                                                                                                                                                                                            |
| <b>2</b><br>FEE RECEIVED BY   | NAME OF BUSINESS<br><br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| <b>3</b><br>FEE AMOUNT        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                 |
| FEE RECEIVED FROM             | NAME AND ADDRESS                                                                                                                                                                                                                            |
| FEE RECEIVED BY               | NAME OF BUSINESS<br><br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| FEE AMOUNT                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                 |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

Revised 12/01/2008

**STOCK****PART 2**☒ NOT APPLICABLE

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.

|                                    |                                            |                                           |                                                |                                            |
|------------------------------------|--------------------------------------------|-------------------------------------------|------------------------------------------------|--------------------------------------------|
| <b>1 BUSINESS ENTITY</b>           | <b>NAME</b>                                |                                           |                                                |                                            |
| <b>2 STOCK HELD OR ACQUIRED BY</b> | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>3 NUMBER OF SHARES</b>          | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>4 IF SOLD</b>                   | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <hr/>                              |                                            |                                           |                                                |                                            |
| <b>BUSINESS ENTITY</b>             | <b>NAME</b>                                |                                           |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <hr/>                              |                                            |                                           |                                                |                                            |
| <b>BUSINESS ENTITY</b>             | <b>NAME</b>                                |                                           |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <hr/>                              |                                            |                                           |                                                |                                            |
| <b>BUSINESS ENTITY</b>             | <b>NAME</b>                                |                                           |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <hr/>                              |                                            |                                           |                                                |                                            |
| <b>BUSINESS ENTITY</b>             | <b>NAME</b>                                |                                           |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER             | <input type="checkbox"/> SPOUSE           | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100     | <input type="checkbox"/> 100 TO 499       | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999    | <input type="checkbox"/> 10,000 OR MORE   |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS          |                                           |                                                |                                            |
|                                    | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**BONDS, NOTES & OTHER COMMERCIAL PAPER****PART 3**☒ NOT APPLICABLE

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.

|                                                                                                       |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DESCRIPTION<br>OF INSTRUMENT                                                              |                                                                                                                                                                             |
| <b>2</b><br>HELD OR ACQUIRED BY                                                                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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. 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<br><i>American Funds</i>                                              | <i>Bank Fund of America; Capital Growth; Fund for Growth; Growth Fund of America; International Fund of America; New Perspectives; Small Cap World A</i>                                                                                             |                                            |                                                |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                      | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                            | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                                                | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |                                            |                                                |
| 4 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |                                            |                                                |
| MUTUAL FUND<br><i>College America<br/>(American Funds)</i>                          | <i>American Funds Cap Inc. Bu. 10th<br/>American Funds Growth Fund of America</i>                                                                                                                                                                    |                                            |                                                |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                        | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                            | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                                  | <input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |                                            |                                                |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |                                            |                                                |
| MUTUAL FUND<br><i>College America<br/>American Funds</i>                            | <i>American Funds Cap Inc. IR<br/>American Funds Growth Fund of America</i>                                                                                                                                                                          |                                            |                                                |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                        | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                            | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                                  | <input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |                                            |                                                |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |                                            |                                                |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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.

|                                                                                  |                                                                                                                                                        |                                            |                                                                                                                                                                           |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 MUTUAL FUND<br><i>Large CAP<br/>(Deferred Compensation)</i>                    | NAME <i>American Century U Hg, American Funds Growth Fund A, BGIS, P500 STOCK, Fund Davis New York Venture, A fund T ROWE PRICE Equity Income Fund</i> |                                            |                                                                                                                                                                           |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                      | <input checked="" type="checkbox"/> FILER                                                                                                              | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| 3 NUMBER OF SHARES OF MUTUAL FUND                                                | <input type="checkbox"/> LESS THAN 100                                                                                                                 | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| 4 IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000                                                                                                             | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |
| MUTUAL FUND<br><i>Morgan Stanley</i>                                             | NAME <i>MC Focus Growth Fd A</i>                                                                                                                       |                                            |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                        | <input checked="" type="checkbox"/> FILER                                                                                                              | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| NUMBER OF SHARES OF MUTUAL FUND                                                  | <input type="checkbox"/> LESS THAN 100                                                                                                                 | <input type="checkbox"/> 100 TO 499        | <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                                                                             | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |
| MUTUAL FUND<br><i>ABA Retirement Fund</i>                                        | NAME <i>Stable Asset Return Fund; Intermediate Bond Fund; Balanced Fund; Mid Cap Value Equity Fund; Mid Cap Growth Equity Fund</i>                     |                                            |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                        | <input type="checkbox"/> FILER                                                                                                                         | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| NUMBER OF SHARES OF MUTUAL FUND                                                  | <input type="checkbox"/> LESS THAN 100                                                                                                                 | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                                                                             | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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. 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<br><i>International</i><br><i>(Deferred Compensation)</i>          | <i>American Century International Growth Artisan</i><br><i>International Divers. Armer Global, Fund A.</i>                                                                  |                                                |                                                                                                                                                                           |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                   | <input checked="" type="checkbox"/> FILER                                                                                                                                   | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                                             | <input type="checkbox"/> LESS THAN 100                                                                                                                                      | <input type="checkbox"/> 100 TO 499            | <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| 4 IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                                |                                                                                                                                                                           |
| MUTUAL FUND<br><i>Small Cap</i><br><i>(Deferred Compensation)</i>                | <i>Columbia Acorn Fund - 2</i> <sup>NAME</sup> <i>Dreyfus Small Cap</i><br><i>Stock Index Fund</i>                                                                          |                                                |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER                                                                                                                                   | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100                                                                                                                                      | <input type="checkbox"/> 100 TO 499            | <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                                |                                                                                                                                                                           |
| MUTUAL FUND<br><i>Mid Cap</i><br><i>(Deferred Compensation)</i>                  | <i>Artisan M.d. Cap Fund</i> <sup>NAME</sup>                                                                                                                                |                                                |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER                                                                                                                                   | <input type="checkbox"/> SPOUSE                | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100                                                                                                                                      | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                                |                                                                                                                                                                           |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY



**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. 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<br><i>Northwest Mutual<br/>Wealth Management</i> | <i>Cap World Bond, Brokerage</i> <small>NAME</small> <i>Maternal Market Columbia Acorn</i><br><i>Int'l Divers. NY Venture, Pacer Cox Dodge &amp; Cox Int'l. Fidelity</i><br><i>Franklin Convertible, T. Rowe Price I Shares Keefe Small Cap Value Fund</i><br><i>Class A Metaplan, Janus + Ray, Opportunity, Strat. Thornberry</i><br><i>Vanguard Developed Market, Vanguard Index Mid-Cap, Vanguard CAP Vanguard</i> |                                                                                                                                                                             |                                          |  |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                 | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> SPOUSE                                                                                                                                  | <input type="checkbox"/> DEPENDENT CHILD |  |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                           | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE                                                                                                                                                                  |                                                                                                                                                                             |                                          |  |
| 4 IF SOLD                                                      | <input type="checkbox"/> NET GAIN                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                          |  |
| <input type="checkbox"/> NET LOSS                              |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |                                          |  |
| MUTUAL FUND<br><i>NW Wealth Mgmt</i>                           | <i>American Funds Cap Wk</i> <small>NAME</small><br><i>American Funds the Fnd of America</i><br><i>American Fund New Perspective</i>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |                                          |  |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                   | <input type="checkbox"/> FILER                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> SPOUSE                                                                                                                                             | <input type="checkbox"/> DEPENDENT CHILD |  |
| NUMBER OF SHARES<br>OF MUTUAL FUND                             | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE                                                                                                                                                                             |                                                                                                                                                                             |                                          |  |
| IF SOLD                                                        | <input type="checkbox"/> NET GAIN                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                          |  |
| <input type="checkbox"/> NET LOSS                              |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |                                          |  |
| MUTUAL FUND<br><i>American Funds</i>                           | <i>Europacific Growth; Fundamental Investments</i> <small>NAME</small><br><i>New Economy; New Perspective; Cost management Trust of America</i>                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |                                          |  |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                   | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> SPOUSE                                                                                                                                  | <input type="checkbox"/> DEPENDENT CHILD |  |
| NUMBER OF SHARES<br>OF MUTUAL FUND                             | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE                                                                                                                                                                             |                                                                                                                                                                             |                                          |  |
| IF SOLD                                                        | <input type="checkbox"/> NET GAIN                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                          |  |
| <input type="checkbox"/> NET LOSS                              |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |                                          |  |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☐ NOT APPLICABLE

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.

|                              |                                                                                                                                                                                     |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE OF INCOME | NAME AND ADDRESS<br><i>11409 Pk Hyatt<br/>Austin TX</i>                                                                                                                             |
| <b>2</b><br>RECEIVED BY      | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                 |
| <b>3</b><br>AMOUNT           | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME             | NAME AND ADDRESS                                                                                                                                                                    |
| RECEIVED BY                  | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                       |
| AMOUNT                       | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE            |
| SOURCE OF INCOME             | NAME AND ADDRESS                                                                                                                                                                    |
| RECEIVED BY                  | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                       |
| AMOUNT                       | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE            |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☐ NOT APPLICABLE

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.

|                                                         |                                                                                                                                                                                     |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE OF INCOME<br><i>Residential Home</i> | NAME AND ADDRESS<br><i>106 Longspur<br/>Austin TX</i>                                                                                                                               |
| <b>2</b><br>RECEIVED BY                                 | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                 |
| <b>3</b><br>AMOUNT                                      | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME<br><i>Residential Home</i>             | NAME AND ADDRESS<br><i>9409 Meadow Vale<br/>Austin TX</i>                                                                                                                           |
| RECEIVED BY                                             | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                 |
| AMOUNT                                                  | <input type="checkbox"/> \$500--\$4,999 <input checked="" type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME<br><i>Residential Home</i>             | NAME AND ADDRESS<br><i>3717 Crownover<br/>Austin, Tx</i>                                                                                                                            |
| RECEIVED BY                                             | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                 |
| AMOUNT                                                  | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**PERSONAL NOTES AND LEASE AGREEMENTS****PART 6**☒ NOT APPLICABLE

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

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

|                                                                         |                                                                                                                                                                            |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT |                                                                                                                                                                            |
| <b>2</b><br>LIABILITY OF                                                | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| <b>3</b><br>GUARANTOR                                                   |                                                                                                                                                                            |
| <b>4</b><br>AMOUNT                                                      | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT             |                                                                                                                                                                            |
| LIABILITY OF                                                            | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| GUARANTOR                                                               |                                                                                                                                                                            |
| AMOUNT                                                                  | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT             |                                                                                                                                                                            |
| LIABILITY OF                                                            | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| GUARANTOR                                                               |                                                                                                                                                                            |
| AMOUNT                                                                  | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

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

|                                                                                                                      |                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| 2 STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br>11409 Pollyanna<br>Austin TX                                                                                           |
| 3 DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>Single Family<br>Residence Travis County                                                                        |
| 4 NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | Kevin Cole<br>Sherry Cole                                                                                                                                                   |
| 5 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                                                  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS   | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br>7200 Inspiration<br>Austin TX                                                                                          |
| DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                       | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>single family lot<br>undeveloped (Travis County)                                                                |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST)   | Kevin Cole<br>Sherry Cole                                                                                                                                                   |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

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

|                                                                                                                      |                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                    |
| 2 STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE<br><i>4304 Parkwood<br/>Austin TX</i>                                                                                                 |
| 3 DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family residence<br/>(Travis County)</i>                                                                         |
| 4 NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sherry Cole</i>                                                                                                                                                      |
| 5 IF SOLD<br><input checked="" type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                       | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |

|                                                                                                                    |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE<br><i>9409 Meadow Vale<br/>Austin TX</i>                                                                                   |
| DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family residence<br/>(Travis County)</i>                                                              |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sherry Cole</i>                                                                                                                                           |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.

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

|                                                                                                                      |                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| 2 STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE<br><i>3717 Crownover<br/>Austin, TX</i>                                                                                    |
| 3 DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family residence<br/>Travis County</i>                                                                |
| 4 NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sherry Cole</i>                                                                                                                                           |
| 5 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                                                  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS   | STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE<br><i>106 Longspur<br/>Austin, TX</i>                                                                                      |
| DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                       | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family residence<br/>Travis County</i>                                                                |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST)   | <i>Kevin Cole<br/>Sherry Cole</i>                                                                                                                                           |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

|          |                                                                                                                            |                                                                                                                                                                             |                                            |                                                |
|----------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|
| <b>1</b> | <b>HELD OR ACQUIRED BY</b>                                                                                                 | <input checked="" type="checkbox"/> FILER                                                                                                                                   | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>2</b> | <b>STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS  | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>1605 Andrews<br/>Wichita Falls, TX</i>                                                                              |                                            |                                                |
| <b>3</b> | <b>DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                      | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>single family residence<br/>(Wichita County)</i>                                                             |                                            |                                                |
| <b>4</b> | <b>NAMES OF PERSONS<br/>RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin &amp; Sheryl Cate</i>                                                                                                                                              |                                            |                                                |
| <b>5</b> | <b>IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                            |                                                |
|          | <b>HELD OR ACQUIRED BY</b>                                                                                                 | <input type="checkbox"/> FILER                                                                                                                                              | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
|          | <b>STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS  | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE                                                                                                                           |                                            |                                                |
|          | <b>DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                      | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED                                                                                                                    |                                            |                                                |
|          | <b>NAMES OF PERSONS<br/>RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) |                                                                                                                                                                             |                                            |                                                |
|          | <b>IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

|          |                                                                                                                           |                                                                                                                                                                             |                                            |                                                |
|----------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|
| <b>1</b> | <b>HELD OR ACQUIRED BY</b>                                                                                                | <input checked="" type="checkbox"/> FILER                                                                                                                                   | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>2</b> | <b>STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>4101 Wildwood<br/>Austin, TX 78722</i>                                                                              |                                            |                                                |
| <b>3</b> | <b>DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single family residence (Travis County)</i>                                                                  |                                            |                                                |
| <b>4</b> | <b>NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |                                            |                                                |
| <b>5</b> | <b>IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                            |                                                |

|                                                                                                                           |                                                                                                                                                                             |                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|
| <b>HELD OR ACQUIRED BY</b>                                                                                                | <input checked="" type="checkbox"/> FILER                                                                                                                                   | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>5704 Purple Sage<br/>Austin, TX</i>                                                                                 |                                            |                                                |
| <b>DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single family, lot</i>                                                                                       |                                            |                                                |
| <b>NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |                                            |                                                |
| <b>IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                            |                                                |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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 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.

|                                                                                               |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>HELD OR ACQUIRED BY                                                               | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>2</b><br>DESCRIPTION                                                                       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)                                                                                                |
| <b>3</b><br>IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| DESCRIPTION                                                                                   | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)                                                                                                |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| DESCRIPTION                                                                                   | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)                                                                                                |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**GIFTS****PART 8**☒ NOT APPLICABLE

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.

|                                 |                                                                                                               |
|---------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DONOR               | NAME AND ADDRESS                                                                                              |
| <b>2</b><br>RECIPIENT           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>3</b><br>DESCRIPTION OF GIFT |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**TRUST INCOME****PART 9**☒ NOT APPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$500* in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

|                                                                                                  |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE                                                                               | NAME OF TRUST                                                                                                                                                               |
| <b>2</b><br>BENEFICIARY                                                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>INCOME                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <b>4</b><br>ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN |                                                                                                                                                                             |
| SOURCE                                                                                           | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN             |                                                                                                                                                                             |
| SOURCE                                                                                           | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN             |                                                                                                                                                                             |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**BLIND TRUSTS****PART 10A**☒ NOT APPLICABLE

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.

|                                                      |                                                                                                                                                                             |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> NAME OF TRUST                               |                                                                                                                                                                             |
| <b>2</b> TRUSTEE                                     | NAME AND ADDRESS                                                                                                                                                            |
| <b>3</b> BENEFICIARY                                 | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>4</b> FAIR MARKET VALUE                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <b>5</b> DATE CREATED                                |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| NAME OF TRUST                                        |                                                                                                                                                                             |
| TRUSTEE                                              | NAME AND ADDRESS                                                                                                                                                            |
| BENEFICIARY                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| FAIR MARKET VALUE                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DATE CREATED                                         |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| NAME OF TRUST                                        |                                                                                                                                                                             |
| TRUSTEE                                              | NAME AND ADDRESS                                                                                                                                                            |
| BENEFICIARY                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| FAIR MARKET VALUE                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DATE CREATED                                         |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| NAME OF TRUST                                        |                                                                                                                                                                             |
| TRUSTEE                                              | NAME AND ADDRESS                                                                                                                                                            |
| BENEFICIARY                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| FAIR MARKET VALUE                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DATE CREATED                                         |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| <b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b> |                                                                                                                                                                             |

**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.

|                                             |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
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| 1 BUSINESS ASSOCIATION                      | NAME AND ADDRESS<br><input checked="" type="checkbox"/> (Check if Filer's Home Address)<br><i>The Cole Law Firm</i><br><i>401 W. Idwood</i><br><i>Austin, TX 78722</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
| 2 BUSINESS TYPE                             | <i>Law Firm</i>                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
| 3 HELD, ACQUIRED, OR SOLD BY                | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
| 4 ASSETS                                    | DESCRIPTION                                                                                                                                                            | CATEGORY<br><table border="0"> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2">.....</td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2">.....</td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2">.....</td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2">.....</td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2">.....</td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2">.....</td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2">.....</td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input checked="" type="checkbox"/> \$25,000--OR MORE</td> </tr> </table> | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE | ..... |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE | ..... |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE | ..... |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE | ..... |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE | ..... |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE | ..... |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE | ..... |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |
| <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000--\$9,999                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
| <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
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| <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000--\$9,999                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
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| .....                                       |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
| <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000--\$9,999                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
| <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
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| <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000--\$9,999                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
| <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
| .....                                       |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
| <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000--\$9,999                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
| <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                            |       |  |                                            |                                           |                                             |                                                       |
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COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**LIABILITIES OF BUSINESS ASSOCIATIONS****PART 11B**☐ 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        | <input checked="" type="checkbox"/> NAME AND ADDRESS<br>(Check if Filer's Home Address)<br><i>The Cole Law Firm</i><br><i>4101 W. Woodway Rd.</i><br><i>Austin, Texas 78722</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |             |          |                               |                                                                                                                                                                                           |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |
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| 3 HELD, ACQUIRED, OR SOLD BY  | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |             |          |                               |                                                                                                                                                                                           |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |
| 4 LIABILITIES                 | <table border="1"> <thead> <tr> <th data-bbox="414 798 917 829">DESCRIPTION</th> <th data-bbox="917 798 1398 829">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="414 829 917 934"><i>Rent, credit card debt</i></td> <td data-bbox="917 829 1398 934"> <input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999<br/> <input type="checkbox"/> \$10,000--\$24,999    <input checked="" type="checkbox"/> \$25,000--OR MORE         </td> </tr> <tr><td> </td><td><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999<br/><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</td></tr> <tr><td> </td><td><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999<br/><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</td></tr> <tr><td> </td><td><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999<br/><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</td></tr> <tr><td> </td><td><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999<br/><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</td></tr> <tr><td> </td><td><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999<br/><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</td></tr> <tr><td> </td><td><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999<br/><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</td></tr> <tr><td> </td><td><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999<br/><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</td></tr> <tr><td> </td><td><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999<br/><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</td></tr> <tr><td> </td><td><input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999<br/><input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE</td></tr> </tbody> </table> |  | DESCRIPTION | CATEGORY | <i>Rent, credit card debt</i> | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION                   | CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |             |          |                               |                                                                                                                                                                                           |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |
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|                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |             |          |                               |                                                                                                                                                                                           |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |
|                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |             |          |                               |                                                                                                                                                                                           |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |
|                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |             |          |                               |                                                                                                                                                                                           |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                                                                                                                                |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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 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     | <i>Down town Austin Alliance</i>                   |                                            |                                                |
| <sup>2</sup> POSITION HELD    | <i>Board member</i>                                |                                            |                                                |
| <sup>3</sup> POSITION HELD BY | <input checked="" type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  | <i>United Way</i>                                  |                                            |                                                |
| POSITION HELD                 | <i>Board Member</i>                                |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                     | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  | <i>Urban Renewal Agency</i>                        |                                            |                                                |
| POSITION HELD                 | <i>Board member</i>                                |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                     | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  | <i>St. David's Community Health Foundation</i>     |                                            |                                                |
| POSITION HELD                 | <i>Access to Health Committee<br/>Board Member</i> |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                     | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                                    |                                            |                                                |
| POSITION HELD                 |                                                    |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                     | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION****PART 13**☒ 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**

**INTEREST IN BUSINESS IN COMMON WITH LOBBYIST****PART 14**☒ NOT APPLICABLE

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

|                           |                                                                                                               |
|---------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>1 BUSINESS ENTITY</b>  | NAME AND ADDRESS                                                                                              |
| <b>2 INTEREST HELD BY</b> | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>BUSINESS ENTITY</b>    | NAME AND ADDRESS                                                                                              |
| <b>INTEREST HELD BY</b>   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>BUSINESS ENTITY</b>    | NAME AND ADDRESS                                                                                              |
| <b>INTEREST HELD BY</b>   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>BUSINESS ENTITY</b>    | NAME AND ADDRESS                                                                                              |
| <b>INTEREST HELD BY</b>   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>BUSINESS ENTITY</b>    | NAME AND ADDRESS                                                                                              |
| <b>INTEREST HELD BY</b>   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

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

## PART 15

☒ NOT APPLICABLE

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<br>FOR WHOM SERVICES<br>WERE PROVIDED |                                                                                                                                                                             |
| <sup>2</sup> FEE CATEGORY                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**REPRESENTATION BY LEGISLATOR BEFORE  
STATE AGENCY****PART 16**☒ NOT APPLICABLE

*This section applies only to members of the Texas Legislature. A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFS--INSTRUCTION GUIDE.*

**Note:** Beginning September 1, 2003, legislators may not, for compensation, represent another person before a state agency in the executive branch. The prohibition does not apply if: (1) the representation is pursuant to an attorney/client relationship in a criminal law matter; (2) the representation involves the filing of documents that involve only ministerial acts on the part of the agency; or (3) the representation is in regard to a matter for which the legislator was hired before September 1, 2003.

**1**  
STATE AGENCY**2**  
PERSON REPRESENTED**3**  
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

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**

**BENEFITS DERIVED FROM FUNCTIONS HONORING  
PUBLIC SERVANT****PART 17**☒ NOT APPLICABLE

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**

**LEGISLATIVE CONTINUANCES****PART 18**☒ 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.

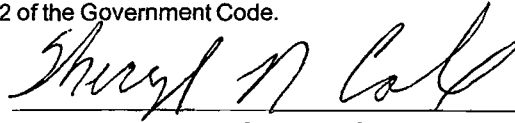
|                                                          |                                                          |
|----------------------------------------------------------|----------------------------------------------------------|
| <b>1</b><br>NAME OF PARTY<br>REPRESENTED                 |                                                          |
| <b>2</b><br>DATE RETAINED                                |                                                          |
| <b>3</b><br>STYLE, CAUSE NUMBER,<br>COURT & JURISDICTION |                                                          |
| <b>4</b><br>DATE OF CONTINUANCE<br>APPLICATION           |                                                          |
| <b>5</b><br>WAS CONTINUANCE<br>GRANTED?                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME OF PARTY<br>REPRESENTED                             |                                                          |
| DATE RETAINED                                            |                                                          |
| STYLE, CAUSE NUMBER,<br>COURT, & JURISDICTION            |                                                          |
| DATE OF CONTINUANCE<br>APPLICATION                       |                                                          |
| WAS CONTINUANCE<br>GRANTED?                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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

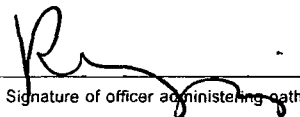


Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheryl Nelson Cobb, this the 14 day of March, 20 09, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Reyna Ruiz

Print name of officer administering oath

Admin Specialist

Title of officer administering oath

**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2010, covering calendar year ending December 31, 2009.  
Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED

ACCOUNT #

**OFFICE USE ONLY**

Date Received

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

AUSTIN CITY CLERK  
POSTING: DATE/TIME  
2010 APR 30 PM 12 27

**1 NAME**

TITLE; FIRST; MI

NICKNAME; LAST; SUFFIX

*Sheryl N.*  
*Cole*

**2 ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

*4101 Wildwood Rd*  
*Austin, TX 78722*

☒ (CHECK IF FILER'S HOME ADDRESS)
**3 TELEPHONE  
NUMBER**

AREA CODE

PHONE NUMBER; EXTENSION

*(512) 419-1539*

**4 REASON  
FOR FILING  
STATEMENT**

- ☐ CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ☒ ELECTED OFFICER *City Council Member* \_\_\_\_\_ (INDICATE OFFICE)
- ☐ APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)
- ☐ EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)
- ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- ☐ STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)
- ☐ OTHER \_\_\_\_\_ (INDICATE POSITION)

**5** Family members 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 \_\_\_\_\_

DEPENDENT CHILD 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**



**SOURCES OF OCCUPATIONAL INCOME****PART 1A**☐ NOT APPLICABLE

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.

|                                                                                                                                             |                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>INFORMATION RELATES TO                                                                                                          | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                   |
| <b>2</b><br>EMPLOYMENT<br><br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><input type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input checked="" type="checkbox"/> (Check if Filer's Home Address)<br><br><i>Cole Law Firm</i><br><i>4101 Wildwood Rd</i><br><i>Austin, TX 78722</i><br><br>.....<br>NATURE OF OCCUPATION |
| INFORMATION RELATES TO                                                                                                                      | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                   |
| EMPLOYMENT<br><br><input type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><input type="checkbox"/> SELF-EMPLOYED                        | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input checked="" type="checkbox"/> (Check if Filer's Home Address)<br><br><i>Cole Law Firm</i><br><i>4101 Wildwood Rd</i><br><i>Austin, TX 78722</i><br><br>.....<br>NATURE OF OCCUPATION |
| INFORMATION RELATES TO                                                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                              |
| EMPLOYMENT<br><br><input type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><input type="checkbox"/> SELF-EMPLOYED                        | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br><br><br><br><br><br>.....<br>NATURE OF OCCUPATION                                                                              |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**RETAINERS****PART 1B**☒ NOT APPLICABLE

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 fees. 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 matter. 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.

|                               |                                                                                                                                                                                                                                 |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>FEE RECEIVED FROM | NAME AND ADDRESS                                                                                                                                                                                                                |
| <b>2</b><br>FEE RECEIVED BY   | NAME OF BUSINESS<br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| <b>3</b><br>FEE AMOUNT        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                     |
| FEE RECEIVED FROM             | NAME AND ADDRESS                                                                                                                                                                                                                |
| FEE RECEIVED BY               | NAME OF BUSINESS<br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| FEE AMOUNT                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                     |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**STOCK****PART 2**☒ NOT APPLICABLE

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.

|                                    |                                         |                                            |                                                |                                            |
|------------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------------------|--------------------------------------------|
| <b>1 BUSINESS ENTITY</b>           | <b>NAME</b>                             |                                            |                                                |                                            |
| <b>2 STOCK HELD OR ACQUIRED BY</b> | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>3 NUMBER OF SHARES</b>          | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                            |
| <b>4 IF SOLD</b>                   | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS       | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <b>BUSINESS ENTITY</b>             |                                         |                                            |                                                |                                            |
| <b>NAME</b>                        |                                         |                                            |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS       | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <b>BUSINESS ENTITY</b>             |                                         |                                            |                                                |                                            |
| <b>NAME</b>                        |                                         |                                            |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS       | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |
| <b>BUSINESS ENTITY</b>             |                                         |                                            |                                                |                                            |
| <b>NAME</b>                        |                                         |                                            |                                                |                                            |
| <b>STOCK HELD OR ACQUIRED BY</b>   | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |                                            |
| <b>NUMBER OF SHARES</b>            | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
|                                    | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                            |
| <b>IF SOLD</b>                     | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 |                                                |                                            |
|                                    | <input type="checkbox"/> NET LOSS       | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**BONDS, NOTES & OTHER COMMERCIAL PAPER****PART 3**☒ NOT APPLICABLE

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.

|                                                                                                       |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DESCRIPTION<br>OF INSTRUMENT                                                              |                                                                                                                                                                             |
| <b>2</b><br>HELD OR ACQUIRED BY                                                                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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. 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<br><i>American Funds</i>                                           | <i>Bond Fund of America</i> NAME                                                                                                                                                                                                                     |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                   | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                  |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                                             | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| 4 IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE                                                                             |
| MUTUAL FUND<br><i>College America<br/>(American Funds)</i>                       | <i>American Fund Cap Inc. Builder</i> NAME<br><i>American Funds Growth Fund of America</i>                                                                                                                                                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                  |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE                                                                             |
| MUTUAL FUND<br><i>College America<br/>American Funds</i>                         | <i>American Funds Cap Inc.</i> NAME<br><i>American Funds Growth Fund of America</i>                                                                                                                                                                  |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                                        |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE                                                                             |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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. 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<br><i>Large CAP<br/>(Deferred Compensation)</i>                       | NAME<br><i>American Century Ultra, American Funds Growth, Fund A, BGIS, P500 Stock, Fund Davis New York, Venture, A Fund T Rowe Price, Equity Income Fund</i> |                                            |                                                |                                                    |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                         | <input checked="" type="checkbox"/> FILER                                                                                                                     | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |                                                    |
| 3 NUMBER OF SHARES OF MUTUAL FUND                                                   | <input type="checkbox"/> LESS THAN 100                                                                                                                        | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999            |
|                                                                                     | <input type="checkbox"/> 5,000 TO 9,999                                                                                                                       | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                                    |
| 4 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                    | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE         |
| MUTUAL FUND<br><i>Morgan Stanley</i>                                                | NAME<br><i>MC Focus Growth Fd A</i>                                                                                                                           |                                            |                                                |                                                    |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                           | <input checked="" type="checkbox"/> FILER                                                                                                                     | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |                                                    |
| NUMBER OF SHARES OF MUTUAL FUND                                                     | <input type="checkbox"/> LESS THAN 100                                                                                                                        | <input type="checkbox"/> 100 TO 499        | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999            |
|                                                                                     | <input type="checkbox"/> 5,000 TO 9,999                                                                                                                       | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                                    |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                    | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE         |
| MUTUAL FUND<br><i>ABA Retirement Fund</i>                                           | NAME<br><i>Stable Asset Return Fund; Intermediate Bond Fund; Balanced Fund; MidCap Value Equity; MidCap Growth Equity Fund</i>                                |                                            |                                                |                                                    |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                           | <input type="checkbox"/> FILER                                                                                                                                | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |                                                    |
| NUMBER OF SHARES OF MUTUAL FUND                                                     | <input type="checkbox"/> LESS THAN 100                                                                                                                        | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
|                                                                                     | <input type="checkbox"/> 5,000 TO 9,999                                                                                                                       | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                                    |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                    | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE         |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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. 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.

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|                                                                                     |                                                                                          |                                                |                                                                                                                                                                           |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 MUTUAL FUND<br><i>International<br/>(Deferred Compensation)</i>                   | American Century International Growth<br>Artisan International Oppenheimer Global Fund A |                                                |                                                                                                                                                                           |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                      | <input checked="" type="checkbox"/> FILER                                                | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                                                | <input type="checkbox"/> LESS THAN 100                                                   | <input type="checkbox"/> 100 TO 499            | <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| 4 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000                                               | <input type="checkbox"/> \$5,000--\$9,999      | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |
| MUTUAL FUND<br><i>Small Cap<br/>(Deferred Compensation)</i>                         | Columbia Acorn Fund-2, Drefus Small<br>Cap Stock Index Fund                              |                                                |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                        | <input checked="" type="checkbox"/> FILER                                                | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                                  | <input type="checkbox"/> LESS THAN 100                                                   | <input type="checkbox"/> 100 TO 499            | <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                               | <input type="checkbox"/> \$5,000--\$9,999      | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |
| MUTUAL FUND<br><i>Mid Cap<br/>Deferred Compensation</i>                             | Artisan Mid Cap Fund                                                                     |                                                |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                        | <input checked="" type="checkbox"/> FILER                                                | <input checked="" type="checkbox"/> SPOUSE     | <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                            |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                                  | <input type="checkbox"/> LESS THAN 100                                                   | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                               | <input type="checkbox"/> \$5,000--\$9,999      | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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. 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<br><i>Northwest Mutual Health Management</i> | <i>Cap World Bond, Brokerage Mutual Markets, Morgan Columbia Aorn Int'l Davis NV Venture Page and Cox Dodge &amp; Cox Int'l Fidelity class A Metropolitan West Opportunity Indep Thorsberry, Vanguard Div. Vanguard Index Mid Vanguard Cap Vanguard Markets,</i> |                                                                                                                                                                             |                                                                                        |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                                        | <input type="checkbox"/> SPOUSE                                                                                                                                             | <input type="checkbox"/> DEPENDENT CHILD                                               |
| 3 NUMBER OF SHARES OF MUTUAL FUND                          | <input type="checkbox"/> LESS THAN 100                                                                                                                                                                                                                           | <input type="checkbox"/> 100 TO 499                                                                                                                                         | <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999 |
|                                                            | <input type="checkbox"/> 5,000 TO 9,999                                                                                                                                                                                                                          | <input type="checkbox"/> 10,000 OR MORE                                                                                                                                     |                                                                                        |
| 4 IF SOLD                                                  | <input type="checkbox"/> NET GAIN                                                                                                                                                                                                                                | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                                                                        |
|                                                            | <input type="checkbox"/> NET LOSS                                                                                                                                                                                                                                |                                                                                                                                                                             |                                                                                        |
| MUTUAL FUND<br><i>New Health Mgmt</i>                      | <i>American Funds CapWalk American Funds Inc. Fund of America American Fund New Perspective</i>                                                                                                                                                                  |                                                                                                                                                                             |                                                                                        |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                  | <input type="checkbox"/> FILER                                                                                                                                                                                                                                   | <input type="checkbox"/> SPOUSE                                                                                                                                             | <input type="checkbox"/> DEPENDENT CHILD                                               |
| NUMBER OF SHARES OF MUTUAL FUND                            | <input type="checkbox"/> LESS THAN 100                                                                                                                                                                                                                           | <input type="checkbox"/> 100 TO 499                                                                                                                                         | <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999            |
|                                                            | <input type="checkbox"/> 5,000 TO 9,999                                                                                                                                                                                                                          | <input type="checkbox"/> 10,000 OR MORE                                                                                                                                     |                                                                                        |
| IF SOLD                                                    | <input type="checkbox"/> NET GAIN                                                                                                                                                                                                                                | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                                                                        |
|                                                            | <input type="checkbox"/> NET LOSS                                                                                                                                                                                                                                |                                                                                                                                                                             |                                                                                        |
| MUTUAL FUND<br><i>American Funds</i>                       | <i>Europacific Growth, Fundamental Investors New Economy, New Perspective, Cost Mgmt Trust Trust of America</i>                                                                                                                                                  |                                                                                                                                                                             |                                                                                        |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                  | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> SPOUSE                                                                                                                                  | <input type="checkbox"/> DEPENDENT CHILD                                               |
| NUMBER OF SHARES OF MUTUAL FUND                            | <input type="checkbox"/> LESS THAN 100                                                                                                                                                                                                                           | <input type="checkbox"/> 100 TO 499                                                                                                                                         | <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999            |
|                                                            | <input type="checkbox"/> 5,000 TO 9,999                                                                                                                                                                                                                          | <input type="checkbox"/> 10,000 OR MORE                                                                                                                                     |                                                                                        |
| IF SOLD                                                    | <input type="checkbox"/> NET GAIN                                                                                                                                                                                                                                | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |                                                                                        |
|                                                            | <input type="checkbox"/> NET LOSS                                                                                                                                                                                                                                |                                                                                                                                                                             |                                                                                        |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY



**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☐ NOT APPLICABLE

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.

|                              |                                                                                                                                                                                  |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE OF INCOME | NAME AND ADDRESS<br><i>11409 Pollyanna<br/>Austin, TX</i>                                                                                                                        |
| <b>2</b><br>RECEIVED BY      | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                              |
| <b>3</b><br>AMOUNT           | <input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input checked="" type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME             | NAME AND ADDRESS                                                                                                                                                                 |
| RECEIVED BY                  | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                    |
| AMOUNT                       | <input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000--OR MORE            |
| SOURCE OF INCOME             | NAME AND ADDRESS                                                                                                                                                                 |
| RECEIVED BY                  | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                    |
| AMOUNT                       | <input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000--OR MORE            |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☐ NOT APPLICABLE

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.

|                                                         |                                                                                                                                                                                     |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE OF INCOME<br><i>Residential Home</i> | NAME AND ADDRESS<br><i>106 Longspar<br/>Austin, TX</i>                                                                                                                              |
| <b>2</b><br>RECEIVED BY                                 | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                 |
| <b>3</b><br>AMOUNT                                      | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME<br><i>Residential Home</i>             | NAME AND ADDRESS<br><i>9409 Meadow Vale<br/>Austin, TX</i>                                                                                                                          |
| RECEIVED BY                                             | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                 |
| AMOUNT                                                  | <input type="checkbox"/> \$500--\$4,999 <input checked="" type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| SOURCE OF INCOME<br><i>Residential Home</i>             | NAME AND ADDRESS<br><i>3717 Crownover<br/>Austin, TX</i>                                                                                                                            |
| RECEIVED BY                                             | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                 |
| AMOUNT                                                  | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input checked="" type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>    |                                                                                                                                                                                     |

**PERSONAL NOTES AND LEASE AGREEMENTS****PART 6**☒ NOT APPLICABLE

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

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

|                                                                         |                                                                                                                                                                            |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT |                                                                                                                                                                            |
| <b>2</b><br>LIABILITY OF                                                | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| <b>3</b><br>GUARANTOR                                                   |                                                                                                                                                                            |
| <b>4</b><br>AMOUNT                                                      | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT             |                                                                                                                                                                            |
| LIABILITY OF                                                            | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| GUARANTOR                                                               |                                                                                                                                                                            |
| AMOUNT                                                                  | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT             |                                                                                                                                                                            |
| LIABILITY OF                                                            | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| GUARANTOR                                                               |                                                                                                                                                                            |
| AMOUNT                                                                  | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

|                                                                                                                             |                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 HELD OR ACQUIRED BY</b>                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                      |
| <b>2 STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | 11409 Polkiana<br>Austin, TX<br><small>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</small>                                                                         |
| <b>3 DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | Single Family<br>Residence Travis County<br><small>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</small>                                                      |
| <b>4 NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | Kevin Cole<br>Sheryl Cole                                                                                                                                                |
| <b>5 IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |

|                                                                                                                           |                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HELD OR ACQUIRED BY</b>                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                      |
| <b>STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | 7200 Inspiration<br>Austin, TX<br><small>STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE</small>                                                                       |
| <b>DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | Single Family Lot<br>Undeveloped (Travis County)<br><small>NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED</small>                                              |
| <b>NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | Kevin Cole<br>Sheryl Cole                                                                                                                                                |
| <b>IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR 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 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.

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|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 HELD OR ACQUIRED BY</b>                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                    |
| <b>2 STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>7304 Parkwood<br/>Austin, TX</i>                                                                                               |
| <b>3 DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single Family Residence<br/>Travis County</i>                                                                           |
| <b>4 NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                                      |
| <b>5 IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |

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| <b>HELD OR ACQUIRED BY</b>                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>9409 Meadow Vale<br/>Austin, TX</i>                                                                                 |
| <b>DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single Family Residence<br/>Travis County</i>                                                                |
| <b>NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| <b>IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

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|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>2</b> STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>3717 Crownover<br/>Austin, TX</i>                                                                                   |
| <b>3</b> DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single Family Residence<br/>Travis County</i>                                                                |
| <b>4</b> NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| <b>5</b> IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

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| HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>106 Longspur<br/>Austin, TX</i>                                                                                     |
| DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single Family Residence<br/>Travis County</i>                                                                |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

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|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>2</b> STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>1605 Andrews</i><br><i>Wichita Falls, TX</i>                                                                        |
| <b>3</b> DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single Family Residence</i><br><i>Wichita County</i>                                                         |
| <b>4</b> NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole</i><br><i>Sheryll Cole</i>                                                                                                                                    |
| <b>5</b> IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

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| HELD OR ACQUIRED BY                                                                                                | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE                                                                                                                           |
| DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED                                                                                                                    |
| NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       |                                                                                                                                                                             |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

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|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>2</b> STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br>4101 Wildwood Rd<br>Austin, TX 78722                                                                                   |
| <b>3</b> DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>Single Family Residence<br>Travis County                                                                        |
| <b>4</b> NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | Kevin Cole<br>Sheryl Cole                                                                                                                                                   |
| <b>5</b> IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|                                                                                                                    |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br>5704 Purple Sage<br>Austin, TX                                                                                         |
| DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>Single family lot<br>Travis County                                                                              |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | Kevin Cole<br>Sheryl Cole                                                                                                                                                   |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**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 sales. 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.

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|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>HELD OR ACQUIRED BY                                                               | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| <b>2</b><br>DESCRIPTION                                                                       | <input type="checkbox"/> NAME AND ADDRESS<br>(Check If Filer's Home Address)                                                                                             |
| <b>3</b><br>IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |
| HELD OR ACQUIRED BY                                                                           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| DESCRIPTION                                                                                   | <input type="checkbox"/> NAME AND ADDRESS<br>(Check If Filer's Home Address)                                                                                             |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |
| HELD OR ACQUIRED BY                                                                           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| DESCRIPTION                                                                                   | <input type="checkbox"/> NAME AND ADDRESS<br>(Check If Filer's Home Address)                                                                                             |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**GIFTS****PART 8**☒ NOT APPLICABLE

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.

|                                 |                                                                                                               |
|---------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DONOR               | NAME AND ADDRESS                                                                                              |
| <b>2</b><br>RECIPIENT           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>3</b><br>DESCRIPTION OF GIFT |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**TRUST INCOME****PART 9**☒ NOT APPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received more than \$500 in income, if the identity of the asset is known. For more information, see FORM PFS-INSTRUCTION GUIDE.

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

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|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE                                                                               | NAME OF TRUST                                                                                                                                                               |
| <b>2</b><br>BENEFICIARY                                                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>INCOME                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <b>4</b><br>ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN |                                                                                                                                                                             |
| SOURCE                                                                                           | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN             |                                                                                                                                                                             |
| SOURCE                                                                                           | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN             |                                                                                                                                                                             |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**BLIND TRUSTS****PART 10A**☐ NOT APPLICABLE

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.

|                                                      |                                                                                                                                                                             |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> NAME OF TRUST                               |                                                                                                                                                                             |
| <b>2</b> TRUSTEE                                     | NAME AND ADDRESS                                                                                                                                                            |
| <b>3</b> BENEFICIARY                                 | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>4</b> FAIR MARKET VALUE                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <b>5</b> DATE CREATED                                |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| NAME OF TRUST                                        |                                                                                                                                                                             |
| TRUSTEE                                              | NAME AND ADDRESS                                                                                                                                                            |
| BENEFICIARY                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| FAIR MARKET VALUE                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DATE CREATED                                         |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| NAME OF TRUST                                        |                                                                                                                                                                             |
| TRUSTEE                                              | NAME AND ADDRESS                                                                                                                                                            |
| BENEFICIARY                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| FAIR MARKET VALUE                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DATE CREATED                                         |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| NAME OF TRUST                                        |                                                                                                                                                                             |
| TRUSTEE                                              | NAME AND ADDRESS                                                                                                                                                            |
| BENEFICIARY                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| FAIR MARKET VALUE                                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DATE CREATED                                         |                                                                                                                                                                             |
| <hr/>                                                |                                                                                                                                                                             |
| <b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b> |                                                                                                                                                                             |

**TRUSTEE STATEMENT****PART 10B**☐ NOT APPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 NAME OF TRUST                                  |                                                                                                                                                                                                                                                                                                                                                                                      |
| 2 TRUSTEE NAME                                   |                                                                                                                                                                                                                                                                                                                                                                                      |
| 3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED | NAME                                                                                                                                                                                                                                                                                                                                                                                 |
| 4 TRUSTEE STATEMENT                              | <p>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.</p> <p style="text-align: right;">_____<br/>Trustee Signature</p> |

**§ 572.023. Contents of Financial Statement in General**

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust other than a blind trust that complies with Subsection (c) and identification of each trust asset, if known to the beneficiary from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

**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.

| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input checked="" type="checkbox"/> (Check if Filer's Home Address ) <i>Firm</i><br><i>The Cole Law</i><br><i>4101 Wildwood Rd Austin, TX 78722</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 2 BUSINESS TYPE              | <i>Law Firm</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 3 HELD, ACQUIRED, OR SOLD BY | <input type="checkbox"/> FILER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                      |                                           |  |                                             |                                            |  |                                            |                                           |  |                                             |                                            |  |                                            |                                           |  |                                             |                                            |  |                                            |                                           |  |                                             |                                            |  |                                            |                                           |  |                                             |                                            |  |                                            |                                           |  |                                             |                                            |  |                                            |                                           |  |                                             |                                            |  |                                            |                                           |  |                                             |                                                       |
| 4 ASSETS                     | <table border="1"> <thead> <tr> <th data-bbox="430 777 958 819">DESCRIPTION</th> <th colspan="2" data-bbox="958 777 1485 819">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="430 819 958 924"><i>Accounts Receivable</i></td> <td data-bbox="958 819 1226 861"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1226 819 1485 861"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="958 861 1226 903"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1226 861 1485 903"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="958 945 1226 987"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1226 945 1485 987"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="958 987 1226 1029"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1226 987 1485 1029"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="958 1071 1226 1113"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1226 1071 1485 1113"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="958 1113 1226 1155"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1226 1113 1485 1155"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="958 1197 1226 1239"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1226 1197 1485 1239"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="958 1239 1226 1281"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1226 1239 1485 1281"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="958 1323 1226 1365"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1226 1323 1485 1365"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="958 1365 1226 1407"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1226 1365 1485 1407"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="958 1449 1226 1491"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1226 1449 1485 1491"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="958 1491 1226 1533"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1226 1491 1485 1533"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="958 1575 1226 1617"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1226 1575 1485 1617"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="958 1617 1226 1659"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1226 1617 1485 1659"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="958 1701 1226 1743"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1226 1701 1485 1743"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="958 1743 1226 1785"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1226 1743 1485 1785"><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr> <td></td> <td data-bbox="958 1827 1226 1869"><input type="checkbox"/> LESS THAN \$5,000</td> <td data-bbox="1226 1827 1485 1869"><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td></td> <td data-bbox="958 1869 1226 1904"><input type="checkbox"/> \$10,000--\$24,999</td> <td data-bbox="1226 1869 1485 1904"><input checked="" type="checkbox"/> \$25,000--OR MORE</td> </tr> </tbody> </table> |                                                       |                                                | DESCRIPTION | CATEGORY |  | <i>Accounts Receivable</i> | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 |  | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 |  | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 |  | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 |  | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 |  | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 |  | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  | <input type="checkbox"/> LESS 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| DESCRIPTION                  | CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <i>Accounts Receivable</i>   | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|                              | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|                              | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|                              | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|                              | <input type="checkbox"/> \$10,000--\$24,999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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|                              | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|                              | <input type="checkbox"/> \$10,000--\$24,999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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|                              | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**LIABILITIES OF BUSINESS ASSOCIATIONS****PART 11B**☐ 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.

|                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
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| 1 BUSINESS ASSOCIATION                      | NAME AND ADDRESS<br>(Check If Filer's Home Address)<br><i>The Cole Law Firm</i><br><i>1101 Wildwood Rd Austin, TX 78722</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| 2 BUSINESS TYPE                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| 3 HELD, ACQUIRED, OR SOLD BY                | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| 4 LIABILITIES                               | DESCRIPTION<br><i>Rent, Credit Card Debt</i>                                                                                | CATEGORY<br><table border="0"> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input checked="" type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td><input type="checkbox"/> LESS THAN \$5,000</td> <td><input type="checkbox"/> \$5,000--\$9,999</td> </tr> <tr> <td><input type="checkbox"/> \$10,000--\$24,999</td> <td><input type="checkbox"/> \$25,000--OR MORE</td> </tr> </table> | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |  |  | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999 | <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE |
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| <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
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| <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000--\$9,999                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
|                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000--\$9,999                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
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| <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000--\$9,999                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
|                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000--\$9,999                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |
| <input type="checkbox"/> \$10,000--\$24,999 | <input type="checkbox"/> \$25,000--OR MORE                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                           |                                             |                                                       |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |  |  |                                            |                                           |                                             |                                            |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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 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     | <i>Downtown Austin Alliance</i>                |                                            |                                                |
| <sup>2</sup> POSITION HELD    | <i>Board Member</i>                            |                                            |                                                |
| <sup>3</sup> POSITION HELD BY | <input checked="" type="checkbox"/> FILER      | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  | <i>United Way</i>                              |                                            |                                                |
| POSITION HELD                 | <i>Board Member</i>                            |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                 | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  | <i>Urban Renewal Agency</i>                    |                                            |                                                |
| POSITION HELD                 | <i>Board Member</i>                            |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                 | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  | <i>St. David's Community Health Foundation</i> |                                            |                                                |
| POSITION HELD                 | <i>Access to Health Committee</i>              |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                 | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                                |                                            |                                                |
| POSITION HELD                 |                                                |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                 | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION****PART 13**☒ 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**

**INTEREST IN BUSINESS IN COMMON WITH LOBBYIST****PART 14**☒ NOT APPLICABLE

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS-INSTRUCTION GUIDE.

**1 BUSINESS ENTITY**

NAME AND ADDRESS

**2 INTEREST HELD BY**☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**BUSINESS ENTITY**

NAME AND ADDRESS

**INTEREST HELD BY**☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**BUSINESS ENTITY**

NAME AND ADDRESS

**INTEREST HELD BY**☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**BUSINESS ENTITY**

NAME AND ADDRESS

**INTEREST HELD BY**☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**BUSINESS ENTITY**

NAME AND ADDRESS

**INTEREST HELD BY**☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

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

## PART 15

☒ NOT APPLICABLE

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<br>FOR WHOM SERVICES<br>WERE PROVIDED |                                                                                                                                                                             |
| <sup>2</sup> FEE CATEGORY                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR ENTITY<br>FOR WHOM SERVICES<br>WERE PROVIDED              |                                                                                                                                                                             |
| FEE CATEGORY                                                        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**REPRESENTATION BY LEGISLATOR BEFORE  
STATE AGENCY****PART 16**☒ NOT APPLICABLE

*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.

|                                |                                                                                                                                                                             |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>STATE AGENCY       |                                                                                                                                                                             |
| <b>2</b><br>PERSON REPRESENTED |                                                                                                                                                                             |
| <b>3</b><br>FEE CATEGORY       | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                   |                                                                                                                                                                             |
| PERSON REPRESENTED             |                                                                                                                                                                             |
| FEE CATEGORY                   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                   |                                                                                                                                                                             |
| PERSON REPRESENTED             |                                                                                                                                                                             |
| FEE CATEGORY                   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| STATE AGENCY                   |                                                                                                                                                                             |
| PERSON REPRESENTED             |                                                                                                                                                                             |
| FEE CATEGORY                   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**BENEFITS DERIVED FROM FUNCTIONS HONORING  
PUBLIC SERVANT****PART 17**☒ NOT APPLICABLE

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 257 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.

|          |                          |                         |
|----------|--------------------------|-------------------------|
| <b>1</b> | <b>SOURCE OF BENEFIT</b> | <b>NAME AND ADDRESS</b> |
|          |                          |                         |
| <b>2</b> | <b>BENEFIT</b>           |                         |
|          |                          |                         |
|          | <b>SOURCE OF BENEFIT</b> | <b>NAME AND ADDRESS</b> |
|          |                          |                         |
|          | <b>BENEFIT</b>           |                         |
|          |                          |                         |
|          | <b>SOURCE OF BENEFIT</b> | <b>NAME AND ADDRESS</b> |
|          |                          |                         |
|          | <b>BENEFIT</b>           |                         |
|          |                          |                         |
|          | <b>SOURCE OF BENEFIT</b> | <b>NAME AND ADDRESS</b> |
|          |                          |                         |
|          | <b>BENEFIT</b>           |                         |
|          |                          |                         |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**LEGISLATIVE CONTINUANCES****PART 18**☒ 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.

|                                                          |                                                          |
|----------------------------------------------------------|----------------------------------------------------------|
| <b>1</b><br>NAME OF PARTY<br>REPRESENTED                 |                                                          |
| <b>2</b><br>DATE RETAINED                                |                                                          |
| <b>3</b><br>STYLE, CAUSE NUMBER,<br>COURT & JURISDICTION |                                                          |
| <b>4</b><br>DATE OF CONTINUANCE<br>APPLICATION           |                                                          |
| <b>5</b><br>WAS CONTINUANCE<br>GRANTED?                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME OF PARTY<br>REPRESENTED                             |                                                          |
| DATE RETAINED                                            |                                                          |
| STYLE, CAUSE NUMBER,<br>COURT, & JURISDICTION            |                                                          |
| DATE OF CONTINUANCE<br>APPLICATION                       |                                                          |
| WAS CONTINUANCE<br>GRANTED?                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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

*Sheryl N. Cole*  
\_\_\_\_\_  
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Sheryl Cole, this the 30 day of April, 20 10, to certify which, witness my hand and seal of office.

*Reyna Ruiz*  
\_\_\_\_\_  
Signature of officer administering oath

Reyna Ruiz  
\_\_\_\_\_  
Print name of officer administering oath

Admin Specialist  
\_\_\_\_\_  
Title of officer administering oath

**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2011, covering calendar year ending December 31, 2010.  
Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

**1 NAME**

TITLE; FIRST; MI

NICKNAME; LAST; SUFFIX

*Sheryl*  
*Cole*

**2 ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

*401 Wildewood*  
*Austin, Tx 78722*

☒ (CHECK IF FILER'S HOME ADDRESS)
**3 TELEPHONE  
NUMBER**

AREA CODE

PHONE NUMBER; EXTENSION

*(512) 419-1539*

**4 REASON  
FOR FILING  
STATEMENT**

- ☐ CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ☒ ELECTED OFFICER \_\_\_\_\_ (INDICATE OFFICE)
- ☐ APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)
- ☐ EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)
- ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- ☐ STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)
- ☐ OTHER \_\_\_\_\_ (INDICATE POSITION)

**5** Family members 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 \_\_\_\_\_

DEPENDENT CHILD 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**



**SOURCES OF OCCUPATIONAL INCOME****PART 1A**☐ NOTAPPLICABLE

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

|                                                                                                                                                       |                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> INFORMATION RELATES TO                                                                                                                       | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                               |
| <b>2</b> EMPLOYMENT<br><br><input type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><br><br><br><br><br><br><input type="checkbox"/> SELF-EMPLOYED | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check If Filer's Home Address)<br><br><i>Cole Law Firm</i><br><i>4101 Wildwood Rd</i><br><i>Austin, Tx 78722</i><br><br>NATURE OF OCCUPATION |
| INFORMATION RELATES TO                                                                                                                                | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                               |
| EMPLOYMENT<br><br><input type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><br><br><br><br><br><br><input type="checkbox"/> SELF-EMPLOYED          | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check If Filer's Home Address)<br><br><br><br><br><br><br><br><br><br>NATURE OF OCCUPATION                                                   |
| INFORMATION RELATES TO                                                                                                                                | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                          |
| EMPLOYMENT<br><br><input type="checkbox"/> EMPLOYED BY ANOTHER<br><br><br><br><br><br><br><br><br><br><input type="checkbox"/> SELF-EMPLOYED          | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check If Filer's Home Address)<br><br><br><br><br><br><br><br><br><br>NATURE OF OCCUPATION                                                   |
| <b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>                                                                                                  |                                                                                                                                                                                                                        |

**RETAINERS****PART 1B**☒ NOT APPLICABLE

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.

|                                      |                                                                                                                                                                                                                                                    |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br><b>FEE RECEIVED FROM</b> | <b>NAME AND ADDRESS</b>                                                                                                                                                                                                                            |
| <b>2</b><br><b>FEE RECEIVED BY</b>   | <b>NAME OF BUSINESS</b><br><br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| <b>3</b><br><b>FEE AMOUNT</b>        | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                        |
| <b>FEE RECEIVED FROM</b>             | <b>NAME AND ADDRESS</b>                                                                                                                                                                                                                            |
| <b>FEE RECEIVED BY</b>               | <b>NAME OF BUSINESS</b><br><br><input type="checkbox"/> FILER<br>OR FILER'S BUSINESS _____<br><br><input type="checkbox"/> SPOUSE<br>OR SPOUSE'S BUSINESS _____<br><br><input type="checkbox"/> DEPENDENT CHILD _____<br>OR CHILD'S BUSINESS _____ |
| <b>FEE AMOUNT</b>                    | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                        |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**STOCK****PART 2**☐ NOT APPLICABLE

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.

|                                    |                                         |                                            |                                                |                                             |
|------------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------------------|---------------------------------------------|
| <b>1 BUSINESS ENTITY</b>           | NAME                                    |                                            |                                                |                                             |
| <b>2 STOCK HELD OR ACQUIRED BY</b> | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |                                             |
| <b>3 NUMBER OF SHARES</b>          | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999     |
|                                    | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                             |
| <b>4 IF SOLD</b>                   | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999      | <input type="checkbox"/> \$10,000--\$24,999 |
|                                    | <input type="checkbox"/> NET LOSS       | <input type="checkbox"/> \$25,000--OR MORE |                                                |                                             |

|                                  |                                         |                                            |                                                |                                             |
|----------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------------------|---------------------------------------------|
| <b>BUSINESS ENTITY</b>           | NAME                                    |                                            |                                                |                                             |
| <b>STOCK HELD OR ACQUIRED BY</b> | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |                                             |
| <b>NUMBER OF SHARES</b>          | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999     |
|                                  | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                             |
| <b>IF SOLD</b>                   | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999      | <input type="checkbox"/> \$10,000--\$24,999 |
|                                  | <input type="checkbox"/> NET LOSS       | <input type="checkbox"/> \$25,000--OR MORE |                                                |                                             |

|                                  |                                         |                                            |                                                |                                             |
|----------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------------------|---------------------------------------------|
| <b>BUSINESS ENTITY</b>           | NAME                                    |                                            |                                                |                                             |
| <b>STOCK HELD OR ACQUIRED BY</b> | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |                                             |
| <b>NUMBER OF SHARES</b>          | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999     |
|                                  | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                             |
| <b>IF SOLD</b>                   | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999      | <input type="checkbox"/> \$10,000--\$24,999 |
|                                  | <input type="checkbox"/> NET LOSS       | <input type="checkbox"/> \$25,000--OR MORE |                                                |                                             |

|                                  |                                         |                                            |                                                |                                             |
|----------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------------------|---------------------------------------------|
| <b>BUSINESS ENTITY</b>           | NAME                                    |                                            |                                                |                                             |
| <b>STOCK HELD OR ACQUIRED BY</b> | <input type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |                                             |
| <b>NUMBER OF SHARES</b>          | <input type="checkbox"/> LESS THAN 100  | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999     |
|                                  | <input type="checkbox"/> 5,000 TO 9,999 | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                             |
| <b>IF SOLD</b>                   | <input type="checkbox"/> NET GAIN       | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000--\$9,999      | <input type="checkbox"/> \$10,000--\$24,999 |
|                                  | <input type="checkbox"/> NET LOSS       | <input type="checkbox"/> \$25,000--OR MORE |                                                |                                             |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**BONDS, NOTES & OTHER COMMERCIAL PAPER****PART 3**☒ NOT APPLICABLE

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.

|                                                                                                       |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DESCRIPTION<br>OF INSTRUMENT                                                              |                                                                                                                                                                             |
| <b>2</b><br>HELD OR ACQUIRED BY                                                                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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. 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<br><i>American Funds</i>                                           | NAME<br><i>Bond Fund of America</i>                                                                                                                                                                                                                  |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                                        |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                                             | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| 4 IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |
| MUTUAL FUND<br><i>College America<br/>(American Funds)</i>                       | NAME<br><i>American Fund Cap. Inc Builder<br/>American Funds (Growth Fund of America)</i>                                                                                                                                                            |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                  |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |
| MUTUAL FUND<br><i>College America<br/>American Funds</i>                         | NAME<br><i>Americans Funds Cap. Inc<br/>American Funds Growth Fund of America</i>                                                                                                                                                                    |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                     | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                                                                                                        |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                               | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| IF SOLD <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                          |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**BONDS, NOTES & OTHER COMMERCIAL PAPER****PART 3**☒ NOT APPLICABLE

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.

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|                                                                                                       |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DESCRIPTION<br>OF INSTRUMENT                                                              |                                                                                                                                                                             |
| <b>2</b><br>HELD OR ACQUIRED BY                                                                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| DESCRIPTION<br>OF INSTRUMENT                                                                          |                                                                                                                                                                             |
| HELD OR ACQUIRED BY                                                                                   | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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. 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<br><i>Large CAP<br/>(Deferred Compensation)</i>                       | <i>American Century Ultra, American Funds Growth, Fund A, BGIS, PSOC Stock, Fund Davis New York, Venture, A Fund T Rowe Price, Equity Income Fund</i> |                                            |                                                |                                                    |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                         | <input checked="" type="checkbox"/> FILER                                                                                                             | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |                                                    |
| 3 NUMBER OF SHARES OF MUTUAL FUND                                                   | <input type="checkbox"/> LESS THAN 100                                                                                                                | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999            |
|                                                                                     | <input type="checkbox"/> 5,000 TO 9,999                                                                                                               | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                                    |
| 4 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000                                                                                                            | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE         |
| MUTUAL FUND<br><i>Morgan Stanley</i>                                                | NAME<br><i>MC Focus Growth Fd A</i>                                                                                                                   |                                            |                                                |                                                    |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                           | <input checked="" type="checkbox"/> FILER                                                                                                             | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |                                                    |
| NUMBER OF SHARES OF MUTUAL FUND                                                     | <input type="checkbox"/> LESS THAN 100                                                                                                                | <input type="checkbox"/> 100 TO 499        | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999            |
|                                                                                     | <input type="checkbox"/> 5,000 TO 9,999                                                                                                               | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                                    |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                                                                            | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE         |
| MUTUAL FUND<br><i>ABA Retirement Fund</i>                                           | NAME<br><i>Stable Asset Return Fund, Intermediate Bond Fund, Balanced Fund, Mid Cap Value Equity, Mid Cap Growth Equity Fund</i>                      |                                            |                                                |                                                    |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY                                           | <input type="checkbox"/> FILER                                                                                                                        | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |                                                    |
| NUMBER OF SHARES OF MUTUAL FUND                                                     | <input type="checkbox"/> LESS THAN 100                                                                                                                | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
|                                                                                     | <input type="checkbox"/> 5,000 TO 9,999                                                                                                               | <input type="checkbox"/> 10,000 OR MORE    |                                                |                                                    |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                                                                            | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999    | <input type="checkbox"/> \$25,000--OR MORE         |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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. 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<br><i>Northwest Mutual<br/>Health Management</i>                      | <i>Cap World Bond, Brokerage Mutual Market, Morgan<br/>Columbia Acorn Int'l Davis NY Venture Page and<br/>Cox Dodge &amp; Cox Int'l Fidelity Class A Metropolitan<br/>West Opportunity Indep Horaberry, Vanguard Div.<br/>Vanguard Index Mid Vanguard Cap Vanguard Markets,</i> |                                            |                                                                                                                                                                           |
| 2 SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                      | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD                                                                                                                                  |
| 3 NUMBER OF SHARES<br>OF MUTUAL FUND                                                | <input type="checkbox"/> LESS THAN 100                                                                                                                                                                                                                                          | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input checked="" type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE |
| 4 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                      | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |
| MUTUAL FUND<br><i>New Wealth Mgmt</i>                                               | <i>American Funds Capital<br/>American Funds Inc. Fund of America<br/>American Fund New Perspective</i>                                                                                                                                                                         |                                            |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                        | <input type="checkbox"/> FILER                                                                                                                                                                                                                                                  | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD                                                                                                                                  |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                                  | <input type="checkbox"/> LESS THAN 100                                                                                                                                                                                                                                          | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                      | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |
| MUTUAL FUND<br><i>American Funds</i>                                                | <i>Europacific Growth, Fundamental Investors<br/>New Economy, New Perspective. Cost Mgmt Trust<br/>Trust of America</i>                                                                                                                                                         |                                            |                                                                                                                                                                           |
| SHARES OF MUTUAL FUND<br>HELD OR ACQUIRED BY                                        | <input checked="" type="checkbox"/> FILER                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD                                                                                                                                  |
| NUMBER OF SHARES<br>OF MUTUAL FUND                                                  | <input type="checkbox"/> LESS THAN 100                                                                                                                                                                                                                                          | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999<br><input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE            |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000                                                                                                                                                                                                                                      | <input type="checkbox"/> \$5,000--\$9,999  | <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE                                                                                    |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY



**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☐ NOTAPPLICABLE

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

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

|                                                         |                                                                                                                                                                          |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE OF INCOME<br><i>Residential Home</i> | <small>NAME AND ADDRESS</small><br><i>106 Longspur<br/>Austin, Tx</i>                                                                                                    |
| <b>2</b><br>RECEIVED BY                                 | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| <b>3</b><br>AMOUNT                                      | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|                                             |                                                                                                                                                                          |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SOURCE OF INCOME<br><i>Residential Home</i> | <small>NAME AND ADDRESS</small><br><i>9409 Meadow Vale<br/>Austin, Tx</i>                                                                                                |
| RECEIVED BY                                 | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| AMOUNT                                      | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|                                             |                                                                                                                                                                          |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SOURCE OF INCOME<br><i>Residential Home</i> | <small>NAME AND ADDRESS</small><br><i>3717 Crownover<br/>Austin, Tx</i>                                                                                                  |
| RECEIVED BY                                 | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                            |
| AMOUNT                                      | <input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**PERSONAL NOTES AND LEASE AGREEMENTS****PART 6**☒ NOT APPLICABLE

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

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

|                                                                         |                                                                                                                                                                            |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT |                                                                                                                                                                            |
| <b>2</b><br>LIABILITY OF                                                | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| <b>3</b><br>GUARANTOR                                                   |                                                                                                                                                                            |
| <b>4</b><br>AMOUNT                                                      | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT             |                                                                                                                                                                            |
| LIABILITY OF                                                            | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| GUARANTOR                                                               |                                                                                                                                                                            |
| AMOUNT                                                                  | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT             |                                                                                                                                                                            |
| LIABILITY OF                                                            | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                              |
| GUARANTOR                                                               |                                                                                                                                                                            |
| AMOUNT                                                                  | <input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

|                                                                                                                             |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 HELD OR ACQUIRED BY</b>                                                                                                | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                    |
| <b>2 STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>11409 Pollyann<br/>Austin, TX</i>                                                                                   |
| <b>3 DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single Family<br/>Residence Travis County</i>                                                                |
| <b>4 NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| <b>5 IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|                                                                                                                           |                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HELD OR ACQUIRED BY</b>                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>7200 Inspiration<br/>Austin, TX</i>                                                                                 |
| <b>DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single Family Lot<br/>Undeveloped (Travis County)</i>                                                        |
| <b>NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| <b>IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

|                                                                                                                             |                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 HELD OR ACQUIRED BY</b>                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                    |
| <b>2 STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>1304 Parkwood<br/>Austin, TX</i>                                                                                               |
| <b>3 DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single Family Residence<br/>Travis County</i>                                                                           |
| <b>4 NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                                      |
| <b>5 IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |

|                                                                                                                           |                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HELD OR ACQUIRED BY</b>                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>STREET ADDRESS</b><br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>9409 Meadow Vale<br/>Austin, TX</i>                                                                                 |
| <b>DESCRIPTION</b><br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single Family Residence<br/>Travis County</i>                                                                |
| <b>NAMES OF PERSONS RETAINING AN INTEREST</b><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| <b>IF SOLD</b><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.

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

|                                                                                                                      |                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| 2 STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>3717 Crownover<br/>Austin, TX</i>                                                                                   |
| 3 DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single Family Residence<br/>Travis County</i>                                                                |
| 4 NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| 5 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|                                                                                                                    |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><i>106 Longspur<br/>Austin, TX</i>                                                                                     |
| DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><i>Single Family Residence<br/>Travis County</i>                                                                |
| NAMES OF PERSONS<br>RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE<br>(SEVERED MINERAL INTEREST) | <i>Kevin Cole<br/>Sheryl Cole</i>                                                                                                                                           |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR 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 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.

|                                                                                                                             |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| <b>2</b> STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br>4101 Wildwood Rd<br>Austin, TX 78722                                                                                   |
| <b>3</b> DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>Single Family Residence<br>Travis County                                                                        |
| <b>4</b> NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | Kevin Cole<br>Sheryl Cole                                                                                                                                                   |
| <b>5</b> IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|                                                                                                                    |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HELD OR ACQUIRED BY                                                                                                | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                         |
| STREET ADDRESS<br><input type="checkbox"/> NOT AVAILABLE<br><input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br>5704 Purple Sage<br>Austin, TX                                                                                         |
| DESCRIPTION<br><input type="checkbox"/> LOTS<br><input type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br>Single family lot<br>Travis County                                                                              |
| NAMES OF PERSONS RETAINING AN INTEREST<br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       | Kevin Cole<br>Sheryl Cole                                                                                                                                                   |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS                                  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**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.

|                                                                                               |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>HELD OR ACQUIRED BY                                                               | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>2</b><br>DESCRIPTION                                                                       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)                                                                                                |
| <b>3</b><br>IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| DESCRIPTION                                                                                   | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)                                                                                                |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY                                                                           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| DESCRIPTION                                                                                   | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)                                                                                                |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS             | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**GIFTS****PART 8**☒ NOT APPLICABLE

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.

|                                 |                                                                                                               |
|---------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>DONOR               | NAME AND ADDRESS                                                                                              |
| <b>2</b><br>RECIPIENT           | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| <b>3</b><br>DESCRIPTION OF GIFT |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |
| DONOR                           | NAME AND ADDRESS                                                                                              |
| RECIPIENT                       | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| DESCRIPTION OF GIFT             |                                                                                                               |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**TRUST INCOME****PART 9**☒ NOT APPLICABLE

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$500* in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE.

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

|                                                                                                  |                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b><br>SOURCE                                                                               | NAME OF TRUST                                                                                                                                                               |
| <b>2</b><br>BENEFICIARY                                                                          | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| <b>3</b><br>INCOME                                                                               | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| <b>4</b><br>ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN |                                                                                                                                                                             |
| SOURCE                                                                                           | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN             |                                                                                                                                                                             |
| SOURCE                                                                                           | NAME OF TRUST                                                                                                                                                               |
| BENEFICIARY                                                                                      | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                                               |
| INCOME                                                                                           | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| ASSETS FROM WHICH<br>OVER \$500 WAS RECEIVED<br><br><input type="checkbox"/> UNKNOWN             |                                                                                                                                                                             |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**BLIND TRUSTS****PART 10A**
☒ NOTAPPLICABLE

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.

**1** NAME OF TRUST

**2** TRUSTEE

NAME AND ADDRESS

**3** BENEFICIARY

☐ FILER

☐ SPOUSE

☐ DEPENDENT CHILD \_\_\_\_\_

**4** FAIR MARKET VALUE

☐ LESS THAN \$5,000

☐ \$5,000--\$9,999

☐ \$10,000--\$24,999

☐ \$25,000--OR MORE

**5** DATE CREATED

NAME OF TRUST

TRUSTEE

NAME AND ADDRESS

BENEFICIARY

☐ FILER

☐ SPOUSE

☐ DEPENDENT CHILD \_\_\_\_\_

FAIR MARKET VALUE

☐ LESS THAN \$5,000

☐ \$5,000--\$9,999

☐ \$10,000--\$24,999

☐ \$25,000--OR MORE

DATE CREATED

NAME OF TRUST

TRUSTEE

NAME AND ADDRESS

BENEFICIARY

☐ FILER

☐ SPOUSE

☐ DEPENDENT CHILD \_\_\_\_\_

FAIR MARKET VALUE

☐ LESS THAN \$5,000

☐ \$5,000--\$9,999

☐ \$10,000--\$24,999

☐ \$25,000--OR MORE

DATE CREATED

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**TRUSTEE STATEMENT****PART 10B**☒ NOT APPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

|          |                                                       |                                                                                                                                                                                                                                                                                                                                                                                        |
|----------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> | <b>NAME OF TRUST</b>                                  |                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>2</b> | <b>TRUSTEE NAME</b>                                   |                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>3</b> | <b>FILER ON WHOSE BEHALF STATEMENT IS BEING FILED</b> | <b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                            |
| <b>4</b> | <b>TRUSTEE STATEMENT</b>                              | <p>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.</p> <p style="text-align: center;">_____<br/>Trustee Signature</p> |

**§ 572.023. Contents of Financial Statement in General**

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

**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.

|                              |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br><i>The Cole Law Firm</i><br><i>4101 Wildwood Rd Austin, Tx 78722</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2 BUSINESS TYPE              | <i>Law Firm</i>                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3 HELD, ACQUIRED, OR SOLD BY | <input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4 ASSETS                     | DESCRIPTION<br><i>Accounts Receivable</i>                                                                                                            | CATEGORY<br><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE<br><hr/> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999<br><input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**LIABILITIES OF BUSINESS ASSOCIATIONS****PART 11B**☐ 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       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br><i>The Cole Law Firm</i><br><i>4401 Wildwood Rd Austin TX 78722</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2 BUSINESS TYPE              |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3 HELD, ACQUIRED, OR SOLD BY | <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4 LIABILITIES                | DESCRIPTION<br><i>Rent Credit Card</i><br><i>Debt</i>                                                                                               | CATEGORY<br><div> <input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999         </div> <div> <input type="checkbox"/> \$10,000--\$24,999    <input checked="" type="checkbox"/> \$25,000--OR MORE         </div> <hr/> <div> <input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999         </div> <div> <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE         </div> <hr/> <div> <input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999         </div> <div> <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE         </div> <hr/> <div> <input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999         </div> <div> <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE         </div> <hr/> <div> <input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999         </div> <div> <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE         </div> <hr/> <div> <input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999         </div> <div> <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE         </div> <hr/> <div> <input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999         </div> <div> <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE         </div> <hr/> <div> <input type="checkbox"/> LESS THAN \$5,000    <input type="checkbox"/> \$5,000--\$9,999         </div> <div> <input type="checkbox"/> \$10,000--\$24,999    <input type="checkbox"/> \$25,000--OR MORE         </div> |

**COPY 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     | <i>Down town Austin Alliance</i>                   |                                            |                                                |
| <sup>2</sup> POSITION HELD    | <i>Board Member</i>                                |                                            |                                                |
| <sup>3</sup> POSITION HELD BY | <input checked="" type="checkbox"/> FILER          | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  | <i>United way</i>                                  |                                            |                                                |
| POSITION HELD                 | <i>Board Member</i>                                |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                     | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  | <i>St. David's Community Health Foundation</i>     |                                            |                                                |
| POSITION HELD                 | <i>Access to Health Committee<br/>Board Member</i> |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                     | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                                    |                                            |                                                |
| POSITION HELD                 |                                                    |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                     | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION                  |                                                    |                                            |                                                |
| POSITION HELD                 |                                                    |                                            |                                                |
| POSITION HELD BY              | <input type="checkbox"/> FILER                     | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION****PART 13**☒ 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**

**INTEREST IN BUSINESS IN COMMON WITH LOBBYIST****PART 14**☒ NOT APPLICABLE

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

**1 BUSINESS ENTITY**

NAME AND ADDRESS

**2 INTEREST HELD BY**☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**BUSINESS ENTITY**

NAME AND ADDRESS

**INTEREST HELD BY**☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**BUSINESS ENTITY**

NAME AND ADDRESS

**INTEREST HELD BY**☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**BUSINESS ENTITY**

NAME AND ADDRESS

**INTEREST HELD BY**☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**BUSINESS ENTITY**

NAME AND ADDRESS

**INTEREST HELD BY**☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



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

## PART 15

☒ NOT APPLICABLE

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.

**1** PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED

**2** 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    ☐ \$25,000--OR MORE

PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED

FEE CATEGORY

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

PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED

FEE CATEGORY

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

PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED

FEE CATEGORY

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

PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED

FEE CATEGORY

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

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**REPRESENTATION BY LEGISLATOR BEFORE  
STATE AGENCY****PART 16**☒ NOT APPLICABLE

*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    ☐ \$25,000--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

STATE AGENCY

PERSON REPRESENTED

FEE CATEGORY

☐ LESS THAN \$5,000    ☐ \$5,000--\$9,999    ☐ \$10,000--\$24,999    ☐ \$25,000--OR MORE
**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

**PART 17**
☒ NOT APPLICABLE

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.

|                               |                  |
|-------------------------------|------------------|
| <b>1</b><br>SOURCE OF BENEFIT | NAME AND ADDRESS |
| <b>2</b><br>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**

**LEGISLATIVE CONTINUANCES****PART 18**☒ 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.

|                                                          |                                                          |
|----------------------------------------------------------|----------------------------------------------------------|
| <b>1</b><br>NAME OF PARTY<br>REPRESENTED                 |                                                          |
| <b>2</b><br>DATE RETAINED                                |                                                          |
| <b>3</b><br>STYLE, CAUSE NUMBER,<br>COURT & JURISDICTION |                                                          |
| <b>4</b><br>DATE OF CONTINUANCE<br>APPLICATION           |                                                          |
| <b>5</b><br>WAS CONTINUANCE<br>GRANTED?                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME OF PARTY<br>REPRESENTED                             |                                                          |
| DATE RETAINED                                            |                                                          |
| STYLE, CAUSE NUMBER,<br>COURT, & JURISDICTION            |                                                          |
| DATE OF CONTINUANCE<br>APPLICATION                       |                                                          |
| WAS CONTINUANCE<br>GRANTED?                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

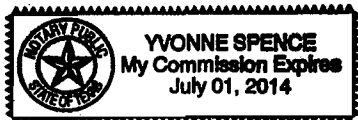
**PERSONAL FINANCIAL STATEMENT AFFIDAVIT**

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.

Sheryl N Cole  
Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Sheryl Cole, this the 27<sup>th</sup> day of April, 20 11, to certify which, witness my hand and seal of office.

Yvonne Spence  
Signature of officer administering oath

Yvonne Spence  
Print name of officer administering oath

Notary  
Title of officer administering oath