ļ

(

IAL FINANCIAL STATEMENT	FORM PFS COVER SHEE
uired in 2006, covering calendar year ending December 31, 2005.	TOTAL NUMBER OF PAGES FILED
NICKNAME LAST. SUFFIX	OFFICE USE ONLY Date Received
ADDRESS / PO BOX: APT / SLITE & CITY STATE ZIP CODE 1810 HASKELL St. ADJSHN, TX 78702	Recept #
AREA CODE PHONE NUMBER EXTENSION (SIZ) 699-0920	Date Processed
Image: Conditional and the conditio	(INDICATE OFFIC)
if the filer had actual control over that activity)	e financial activity of the filer's spouse o
2 2 2 2	
	In accordance with chapter 572 of the Government Code. quired in 2006, covering calendar year ending December 31, 2005. RM PFS-INSTRUCTION GUIDE when completing this form THE SHAT WILL WITH THE WORK OF THE ADDREES FOR THE ADDREES FOR DOX, APTI SUFFIX ACCINESS FOR DOX, APTI SUFFIX THE ADDREES FOR THE ADDREES

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Reinked 12.02.2005

i

SOURCES OF OCCU	PATIONAL INCOME PART 1A
	t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.
1 INFORMATION RELATES TO	FILER SPOUSE DEPENDENT CHILD
2 EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER ; POSITION HELD
EMPLOYED BY ANOTHER	City of Austra
	Lity of Austra P.D. Box 1088 78767
SELF-EMPLOYED	NATURE OF OCCUPATION FIREFIGHTER
INFORMATION RELATES TO	
IN ONWATION RELATES TO	FILER SPOUSE DEPENDENT CHILD
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
EMPLOYED BY ANOTHER	HUSTIN FIRE-FIGHTIERS ASBOCIATION
	5737 CAmedon Rd.
	Austin, TX 78752
SELF-EMPLOYED	NATURE OF OCCUPATION - PRESIdent
	PRESIdent
INFORMATION RELATES TO	
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
EMPLOYED BY ANOTHER	
SELF-EMPLOYED	NATURE OF OCCUPATION
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

Poused 12/02/2005

i

Austin, Texas 78711-2070

(512) 463-5800

PART 1B

RETAINERS

NOTAPPLICABLE

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

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

1 FEE RECEIVED FROM	NAME AND ADDRESS
2 FEE RECEIVED BY	NAME OF BUSINESS
	OR FILER'S BUSINESS
	OR SPOUSE'S BUSINESS
	CR CHILD'S BUSINESS
	CR CHILD'S BUSINESS
3	
FEE AMOUNT	🗍 LESS THAN \$5 000 🗍 \$5,000\$9,999 🗍 \$10,000\$24,999 🗍 \$25,000OR MORE
	NAME AND ADDRESS
FEE RECEIVED FROM	
	NAVE OF BUZINGSS
FEE RECEIVED BY	
	OR FILER'S BUSINESS
	OR SPOUSE'S BUSINESS
	DEPENDENT CHILD
	OR CHILD'S RUSINESS
	OR CHILD'S BUSINESS
FEE AMOUNT	
FEE AMOUNT	OR CHILD'S BUSINESS

STOCK

Austin, Texas 78711-2070

PART 2

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

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

¹ BUSINESS ENTI	ΤΥ			4116	
² STOCK HELD OR ACQUIRED BY			SPOUSE		Q
3 NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	500 TO 999	1.000 TO 4,999
		5.000 TO 9.999	10.000 OR MOR	RE	
4 IF SOLD	I NET GAIN	LESS THAN \$5.000	55,000\$9,999	\$10,000\$24,999	S25,000-OR MORE
	NET LOSS				
BUSINESS ENTI	ΓY		, א	AME	
STOCK HELD OF	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	D
NUMBER OF SH	ARES	LESS THAN 100	🗌 100 TO 499	500 TO 999	1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MOR	ε	
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000-\$9,999	\$10.000- . \$24 . 999	525,000OR MORE
BUSINESS ENTI	ry		111		
STOCK HELD OF	ACQUIRED BY		SPOUSE	DEPENDENT CHIL	.0
NUMBER OF SHARES		LESS THAN 100	☐ 100 TO 499	500 TO 909	1.000 TO 4,999
		5.000 TO 9.999	10 000 OR MOR	E	
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5.000	55.000\$9.999	510.000\$24.999	S25.000-OR MORE
BUSINESS ENTITY			NA	ME	
STOCK HELD OR	ACQUIRED BY	C] FILER	SPOUSE		.D
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		5 000 TO 9,999	10,000 OR MOR	É	
IF SOLD		LESS THAN \$5.000	55.000\$9.999	S10,000\$24,999	525.000OR MORE
BUSINESS ENTIT	ſY		۸۸ 	94E	
STOCK HELD OR	ACQUIRED BY		SPOUSE	DEPENDENT CHIL	D
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	S00 TO 999	1.000 TO 4,999
		5,000 TO 9.999	10 000 OR MOR	E	
IF SOLD	NET GAIN	LESS THAN \$5.000	5.00059.969	510,000- 524.999	S25 000-OR MORE
	COP	AND ATTACH ADDITIO	NAL PAGES AS NEC	ESSARY	

Maxise a 12/2012085

3

__(

ĺ

fexas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2	2070 (512) 463-5800	1-800-325-8506
BONDS, NOTES	& OTHER CO	MMERCIAL PA	PER	PART 3
NOTAPPLICABLE				
	cate the category of t	he amount of the net ga	your spouse, or a dependent in or loss realized from the	
When reporting information providing the number under			the child about whom you a	are reporting by
DESCRIPTION OF INSTRUMENT				
HELD OR ACQUIRED BY		[] SPOUSE		
IF SOLD				
I NET GAIN	LESS TH	AN \$5,000 🔲 \$5.000-\$9,99	99 [_] \$10,000-\$24,999 [_] 5	25.000-OR MORE

NET GAIN NET LOSS	LESS THAN \$5,000 LJ \$5,000-\$9,999 LJ \$10,000-\$24,999 LJ \$25,000-OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	
IF SOLD	
🗌 NET GAIN	☐ LESS THAN \$5,000 . ☐ \$5,000\$9,999 ☐ \$10,000\$24,999 ☐ \$25,000OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	
IF SOLD	
🗍 NET GAIN	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
NET LOSS	
COPY	AND ATTACH ADDITIONAL PAGES AS NECESSARY

1-800-	325	8506
--------	-----	------

MUTUAL	FUNDS				PART 4
	PLICABLE				
acquired during some or all of the from the sale. Fo When reporting	the calendar year a e shares of a mutual or more information, information about	nd indicate the category fund were sold, also indi see FORM PFS-INSTR a dependent child's ac	of the number of cate the category of RUCTION GUIDE.	your spouse, or a dependent shares of mutual funds held of the amount of the net gain the child about whom you a	d or acquired. For loss realize
Providing the num		he child is listed on the C		AME	
MOTOALTOND	_	Great	West Fina	ncial Sevice	EQUITY
SHARES OF MU HELD OR ACOL			SPOUSE	DEPENDENT CHILD	
NUMBER OF SH		LESS THAN 100	100 TO 499	500 TO 999	000 TO 4,999
OF MUTUAL FU	NU	🗍 5.000 TO 9.999	10,000 OR MOR	RE	
IF SOLD	NET GAIN	LESS THAN \$5,000	\$ 5,000\$9,999	\$10,000\$24,999	25,000OR MORE
MUTUAL FUND				AME	
		American	Century	Ultra Fund	0
SHARES OF MU HELD OR ACQU		FILER			
NUMBER OF SH OF MUTUAL FU		LESS THAN 100	🗌 100 TO 499	500 TO 999	000 TO 4,999
		5,000 TO 9,999	0.000 OR MOR	RE	
IF SOLD		LESS THAN \$5,000	[] \$5,000\$9,999	∑ \$10,000\$ 24 ,999	5.000OR MORE
MUTUAL FUND			N.A	AME	
		MFS 1	NA SAChu	SUTTS FAULSTORS	Spouth Fur
SHARES OF MU HELD OR ACQU			SPOUSE	DEPENDENT CHILD	
NUMBER OF SH		LESS THAN 100	[] 100 TO 499	[] 500 TO 999 [] 1 (000 TO 4,999
OF MUTUAL FU	ND	5,000 TO 9,999	🗍 10,000 OR MOR	RE	
IF SOLD	NET GAIN	[] LESS THAN \$5,000	5,000\$9,999	[]\$10,000S24,999 []\$2	5,000OR MORE
		Y AND ATTACH ADDITIO	NAL PAGES AS N	ECESSARY	

ĺ

(

Auslin, Texas 78711-2070

	TEREST, DIVID	ENDS, ROYA	LTIES & RENTS PART 5	
List each source of income yo	id rents during the calenda	ar year and indicate the	<i>in excess of \$500</i> that was derived from category of the amount of the income. For	
When reporting information a providing the number under wh			child about whom you are reporting by	
¹ SOURCE OF INCOME		NAMEAN	Q.+OURESS	
² RECEIVED BY	FILER	SPOUSE		
3 AMOUNT	\$500\$4,999	55.000-\$9,990	S10,000-524,999 S25.000-OR MORE	
SOURCE OF INCOME		NAME AND ADDRESS		
RECEIVED BY	∏ FILI∹R	3 SPOUSE		
AMOUNT	S500-S4.959	55.000\$9.99	S10.000\$24.999 S25.000OR MORE	
SOURCE OF INCOME		жаме анс	ADGRESS	
RECEIVED BY		SPOUSE	DEFENDENT CHILD	
AMOUNT	\$500-\$4,509	55,00059.999	\$10 000- \$24,999 525,000- OR MORE	
COPY	Y AND ATTACH ADDI	TIONAL PAGES AS	NECESSARY	

Revised 12:02/2005

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

PERSONAL NOTES AND LEASE AGREEMENTS PART 6			
a dependent child had a total fina	ncial liability of more alendar year and indic	than \$1,000 in the f	itution to whom you, your spouse, or form of a personal note or notes or lease e amount of the liability. For more informa-
When reporting information about providing the number under which the second			e child about whom you are reporting by
1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Chase	Manhatta	Ъ
² LIABILITY OF	Filer		DEPENDENT CHILD
³ GUARANTOR	SUF		
4 AMOUN T	\$1,000\$4,999	S5,000S9,999	S10.000S24,999 S25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GRUAT We	Hen Finmer	al Gener to Kenty
LIABILITY OF	FILER	SPOUSE	
GUARANTOR	Self		
AMOUNT	[] \$1.000\$4.999	S5.00059.999	S10,000524,999 3 525.000UR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF			DEPENDENT CHILD
GUARANTOR			
AMOUNT	J \$1 00054 999	S5.000\$9.99 9	S10.000-524 999 S25.000-OR MORE
COPY A	ND ATTACH ADDIT	IONAL PAGES AS	NECESSARY

Revised 12-02-2005

ł

4

1

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

INTERESTS IN REAL PROPERTY PART			PART 7A
NOTAPPLICABLE			
calendaryear. If the interest was so For an explanation of "beneficial in INSTRUCTION GUIDE.	d, also indicate the nterest" and other	category of the amount specific directions for	ur spouse, or a dependent child during the of the net gain or loss realized from the sale, completing this section, see FORM PFS
When reporting information about providing the number under which the			e child about whom you are reporting by
HELD OR ACQUIRED BY		SPOUSE	
2 STREET ADDRESS		STREET ADDRESS, INCLU	ANG CITY COUNTY AND STATE
BESCRIPTION		NUMBER OF LOTS OR ACRES AN	D NAMEOF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST			
5 IF SOLD NET GAIN NET LOSS	LESS THAN S	5 000 🗍 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
HELD OR ACQUIRED BY		SPOUSE	
STREET ADDRESS		STREET ADDRESS, INCLUC	ING CITY COUNTY, AND STATE
DESCRIPTION		NUMBER OF LOTS OR ACRES AN	D NAMEOF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST			
IF SOLD NET GAIN] NET LOSS	🗍 LESS THAN \$5	s 000 🗍 \$5,000- \$0.999	S10.000524.999 S25.000OR MORE
COPY A	ND ATTACH ADE	DITIONAL PAGES AS	S NECESSARY

Revised 12/02 2005

. - .

Austin, Texas 78711-2070

ť

I.

INTERESTS IN BUSINESS ENTITIES PART 7B			
Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by			
1	he child is listed on the Cover Sheet.		
HELD OR ACQUIRED BY			
² DESCRIPTION	NAME AND ADDRESS		
³ IF SOLD	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000\$24,999 ☐ \$25,000OR MORE		
HELD OR ACQUIRED BY			
DESCRIPTION	NAME AND ADURESS		
IF SOLD	LESS THAN \$5,000 S5,000S9.999 S10,000S24,999 S25,000OR MORE		
HELD OR ACQUIRED BY			
DESCRIPTION	NAME AND AUDRESS		
IF SOLD	LESS THAN \$5.000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

Persed 1202/2005

GIFTS

l

Austin, Texas 78711-2070

PART 8

NOTAPPLICABLE

Identify any person or organization that has given a gift *worth more than \$250* to you, your spouse, or a dependent child, and describe the gift. 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 PES-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.

DONOR		NAME.	AND ADORESS
² RECIPIENT		SPOUSE	
3 DESCRIPTION OF GIFT			
DONOR-~		N/ME /	AND ADDRESS
RECIPIENT		SPOUSE	DEPENDENT CHILD
DESCRIPTION OF GIFT			
DONOR		NAVE -	WD #D\$PRESS
RECIPIENT			DEPENDENT CHILD
DESCRIPTION OF GIFT			
COPY	AND ATTACH ADD	DITIONAL PAGES A	S NECESSARY

Meased 12:02-2005

P.O.	8ox	12070	

Auslin, Texas 78711-2070

(512) 463-5800

TRUST INCOME				PART 9
NOTAPPLICABLE				
Identify each source of income rece category of the amount of income r than \$500 in income, if the identity	eceived Also identify ea	ch asset of the trus	t from which the beneficiary re	eceived more
When reporting information abou providing the number under which			child about whom you are	reporting by
SOURCE		NAME (DF TRUST	
² BENEFICIARY		SPOUSE	DEPENDENT CHILD	
INCOME	LESS THAN \$5,000	[_] \$5,000 — \$9,999	S10,000524,999 S25,0	000-OR MORE
⁴ ASSETS FROM WHICH OVER \$500 WAS RECEIVED		.		
			· · · · · · · · · · · · · · · · · · ·	
SOURCE		NAMEC	S TRUST	
BENEFICIARY		SPOUSE	DEPENDENT CHILD	
INCOME	LESS THAN \$5.000	55,00059,999	S10.000524,999 S25 (000-OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE		NAME C	F TRUST	
BENEFICIARY		SPOUSE	DEPENDENT CHILD	
INCOME	LESS THAN \$5,000	5.00059.999	☐ 510,000\$24,999	000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
	E			
COPY A	ND ATTACH ADDITIC	NAL PAGES AS	NECESSARY	

Revised 12/02/2005

(

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800

BLIND TRUSTS			PART 10A
Identify each blind trust that compl GUIDE,	es with section 572.023(c) of the Governme	ent Code. See FORM PFS-INSTRUCTION
When reporting information about providing the number under which			e child about whom you are reporting by
¹ NAME OF TRUST			
² TRUSTEE		NAME A*	ND ADDRESS
³ BENEFICIARY			
⁴ FAIR MARKET VALUE	LESS THAN \$5,000	55,000-59,999	🗍 \$10,000-\$24,999 🗌 \$25.000-OR MORE
⁵ DATE CREATED			
NAME OF TRUST			
TRUSTEE		NAME AF	ND NDORFSS
BENEFICIARY	FILER	SPOUSE	
FAIR MARKET VALUE	LESS THAN \$5.000	55,000\$9,999	510.000\$24.999 325.000-OR MORE
DATE CREATED			
NAME OF TRUST			
TRUSTEE		NAME AN	ID ADDRESS
BENEFICIARY		SPOUSE	
FAIR MARKET VALUE	LESS THAN 55 000	55.000-\$9,999	S10,000-\$24,999 S25 000-OR MORE
DATE CREATED			
COPY A	ND ATTACH ADDITIC	NAL PAGES AS	NECESSARY

Ravisco 12:02:2005

/	EMENT PART 10B
NOTAPPLICABLE	
-	red to identify a blind trust on Part 10A of the Personal Financial Statement must submit a istee of each blind trust listed on Part 10A. The portions of section 572.023 of the Governmen usts are listed below.
1 NAME OF TRUST	
2 TRUSTEE NAME	
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME
4 TRUSTEE STATEMENT	Laffirm, 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 Governmen Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code.
	Trustee Signature
572.023. Contents of Fir	nancial Statement in General
-	nancial Statement in General
(b) The account of financial (8) identification of t than a blind trust tha	activity consists of: he source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary
(b) The account of financial (8) identification of t than a blind trust tha from which income	activity consists of: he source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500;
(b) The account of financial (8) identification of t than a blind trust tha from which income (14) identification o	activity consists of: he source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary
(b) The account of financial (8) identification of t than a blind trust tha from which income (14) identification o (A) the cate	activity consists of: he source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including:
(b) The account of financial (8) identification of t than a blind trust tha from which income (14) identification o (A) the cate (B) the date	activity consists of: he source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including: agory of the fair market value of the trust;
(b) The account of financial (8) identification of t than a blind trust tha from which income (14) identification o (A) the cate (B) the date (C) the nam	activity consists of: he source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including agory of the fair market value of the trust; e the trust was created;
(b) The account of financial (8) identification of t than a blind trust tha from which income (14) identification of (A) the cate (B) the date (C) the nam (D) a stater (i) the tr	activity consists of: the source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including agory of the fair market value of the trust; be the trust was created; the and address of the trustee; and ment signed by the trustee, under penalty of perjury, stating that:
(b) The account of financial (8) identification of t than a blind trust tha from which income (14) identification o (A) the cate (B) the date (C) the nam (D) a stater (i) the tr under S	activity consists of: the source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including agory of the fair market value of the trust; e the trust was created; he and address of the trustee; and ment signed by the trustee, under penalty of perjury, stating that: ustee has not revealed any information to the individual, except information that may be disclosed
(b) The account of financial (8) identification of t than a blind trust tha from which income (14) identification of (A) the cate (B) the date (C) the nam (D) a stater (i) the tr under S (ii) to th	activity consists of: the source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including: agory of the fair market value of the trust; the trust was created; the and address of the trustee; and ment signed by the trustee, under penalty of perjury, stating that: sustee has not revealed any information to the individual, except information that may be disclosed Subdivision (8); and
(b) The account of financial (8) identification of t than a blind trust tha from which income (14) identification of (A) the cate (B) the date (C) the nam (D) a stater (i) the tr under S (ii) to th	activity consists of: the source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including: agory of the fair market value of the trust; a the trust was created; the and address of the trustee; and ment signed by the trustee, under penalty of perjury, stating that: sustee has not revealed any information to the individual, except information that may be disclosed Subdivision (8); and the best of the trustee's knowledge, the trust complies with this section.
 (b) The account of financial (8) identification of than a blind trust that from which income (14) identification of (A) the cate (B) the date (C) the name (D) a state (i) the trunder S (ii) to the context (i) the trustee: 	activity consists of: the source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including: agory of the fair market value of the trust; a the trust was created; the and address of the trustee; and ment signed by the trustee, under penalty of perjury, stating that: sustee has not revealed any information to the individual, except information that may be disclosed Subdivision (8); and the best of the trustee's knowledge, the trust complies with this section.
 (b) The account of financial (8) identification of than a blind trust than a blind trust than from which income (14) identification of (A) the cate (B) the date (C) the name (D) a statem (i) the trunder Second (1) the trustee: (A) is a disi 	activity consists of: the source and the category of the amount of all income received as beneficiary of a trust, othe at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including: agory of the fair market value of the trust; a the trust was created; the and address of the trustee; and ment signed by the trustee, under penalty of perjury, stating that: sustee has not revealed any information to the individual, except information that may be disclosed Subdivision (8); and the best of the trustee's knowledge, the trust complies with this section, tions (b)(8) and (14), a blind trust is a trust as to which:
 (b) The account of financial (8) identification of than a blind trust than a blind trust than from which income (14) identification of (A) the cate (B) the date (C) the name (D) a statem (i) the trunder S (ii) to the cate (1) the trustee: (A) is a disi (B) is not the cate 	activity consists of: the source and the category of the amount of all income received as beneficiary of a trust, other at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including: agory of the fair market value of the trust; the trust was created; the and address of the trustee; and ment signed by the trustee, under penalty of perjury, stating that: rustee has not revealed any information to the individual, except information that may be disclosed Subdivision (8); and the best of the trustee's knowledge, the trust complies with this section. tions (b)(8) and (14), a blind trust is a trust as to which: Interested party;
 (b) The account of financial (8) identification of than a blind trust than a blind trust than from which income (14) identification of (A) the cate (B) the date (C) the name (D) a statem (i) the trunder S (ii) to the trustee: (A) is a disi (B) is not the (C) is not residue to the trustee 	activity consists of: he source and the category of the amount of all income received as beneficiary of a trust, other at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including: agory of the fair market value of the trust; a the trust was created; he and address of the trustee; and ment signed by the trustee, under penalty of perjury, stating that: ustee has not revealed any information to the individual, except information that may be disclosed Subdivision (8); and he best of the trustee's knowledge, the trust complies with this section. dions (b)(8) and (14), a blind trust is a trust as to which: Interested party; e individual;
 (b) The account of financial (8) identification of than a blind trust than a blind trust than from which income (14) identification of (A) the cate (B) the date (C) the name (D) a statem (i) the trunder S (ii) to the trustee: (A) is a disi (B) is not the (C) is not re (D) is not a 	activity consists of: the source and the category of the amount of all income received as beneficiary of a trust, other at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including: agory of the fair market value of the trust; the trust was created; the and address of the trustee; and ment signed by the trustee; under penalty of perjury, stating that: trustee has not revealed any information to the individual, except information that may be disclosed Subdivision (8); and the best of the trustee's knowledge, the trust complies with this section. tions (b)(8) and (14), a blind trust is a trust as to which: Interested party; e individual; equired to register as a lobbyist under Chapter 305; public officer or public employee; and appointed to public office by the individual or by a public officer or public employee the individual
 (b) The account of financial (8) identification of than a blind trust than a blind trust than from which income (14) identification of (A) the cate (B) the date (C) the name (D) a stater (i) the trunder S (ii) to the context (ii) the trunder S (ii) to the context (C) For purposes of Subsect (1) the trustee: (A) is a disi (B) is not the (C) is not received (C) is not a (E) was not supervises. (2) the trustee has 	activity consists of: the source and the category of the amount of all income received as beneficiary of a trust, other at complies with Subsection (c), and identification of each trust asset, if known to the beneficiary was received by the beneficiary in excess of \$500; of each blind trust that complies with Subsection (c), including: agory of the fair market value of the trust; the trust was created; the and address of the trustee; and ment signed by the trustee; under penalty of perjury, stating that: trustee has not revealed any information to the individual, except information that may be disclosed Subdivision (8); and the best of the trustee's knowledge, the trust complies with this section. tions (b)(8) and (14), a blind trust is a trust as to which: Interested party; e individual; equired to register as a lobbyist under Chapter 305; public officer or public employee; and appointed to public office by the individual or by a public officer or public employee the individual

ĺ

(

ASSETS OF BU	SINESS ASSO	OCIATIONS		PART 11A		
Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFSINSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by						
providing the number under		ed on the Cover Sheet.				
¹ BUSINESS ASSOCIATION		NAME AN	O AODRESS			
² BUSINESS TYPE				14		
³ HELD, ACQUIRED, OR SOLD BY		SPOUSE		CHILD		
4 ASSETS	DES	CRIPTION	1	GORY		
			LESS THAN \$5,000	\$5,000\$9,999		
			\$10 000\$24.999	S25,000OR MORE		
			LESS THAN \$5.000	☐ \$5.000\$9.999		
			510,000\$24,999	S25,000-OR MORE		
, ,			LESS THAN \$5.000	Lī \$5.000 \$9 .999		
			\$10,000\$24,999	\$25,000OR MORE		
			 [] LESS THAN \$5.000	D \$5,000\$9,999		
			S10.000524.999	325,000-OR MORE		
			 [] LESS THAN 55,000	🔲 \$5.000 \$ 9,999		
			\$10 000\$24.999	S25.000-OR MORE		
			LESS THAN \$5,000	55,000\$9.999		
			510 000\$24,999	S25,000OR MORE		
			LESS THAN \$5.000	\$5.000\$9.999		
			510.000524 999	S25,000-OR MORE		
	}		1 [] LESS THAN \$5.000	[] \$5 0 00 \$9 999		
			S10 000\$24,999	S25.000OR MORE		
(COPY AND ATTACH	ADDITIONAL PAGES	S AS NECESSARY			

Renated torna 2005

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

LIABILITIES OF	BUSINESS AS	SOCIATIONS		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		NAMÉ AN	CADURESS				
² BUSINESS TYPE							
³ HELD, ACQUIRED, OR SOLD BY							
	DES	CRIPTION	CATE	GORY			
			LESS THAN \$5 000	55,000-\$9,999			
			[] \$10,000-~\$24,999	525.000OR MORE			
			LESS THAN S5.000	55,000–59,99 9			
			510,000\$24 999	S25,000OR MORE			
			[] LESS THAN \$5,000	55,00059,999			
		· · · ·	510.000524.999	S25,000-OR MORE			
			LESS THAN 55,000	55.000\$9,999			
			S10.000\$24,999	S25.000OR MORE			
			LESS THAN \$5,000	55.00059.999			
			S10.000\$24,999	S25 000-OR MORE			
			LESS THAN \$5.000	S5,000\$9,999			
			1 🗍 \$10 000\$24,999	S25,000-OR MORE			
			LESS THAN \$5.000	55.000\$9,999			
`			[] \$10,000\$24,999	S25,000OR MORE			
			LESS THAN \$5,000	35 00059,999			
			[_] \$10,000\$24,999	S25.000OR MORE			
(COPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY				

Revised 12/02/2005

ĺ

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

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.

¹ ORGANIZATION	Austin	FIREHIGHTERS A	Howation	
² POSITION HELD	PRESIO			
³ POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
ORGANIZATION	AUSTIA &	Jufty HTERS Pelie	ft Outrusch Fin	
POSITION HELD		Munber		
POSITION HELD BY	FILER	SPOUSE		
ORGANIZATION	B16 BROM	things B16 Siste	45 of Centreal Texas	
POSITION HELD		Member		
POSITION HELD BY	FILER	SPOUSE		
ORGANIZATION		5		
POSITION HELD				
POSITION HELD BY		SPOUSE		
ORGANIZATION				
POSITION HELD				
POSITION HELD BY		SPOUSE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Revised 12/07/2005

EXPENSES ACCEPTED	UNDER HONORARIUM EXCEPTION	PART 13

NOTAPPLICABLE

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

1 PROVIDER	NAME AND ACORESS
2	
² AMOUNT	
PROVIDER	NAME AND ACORESS
AMOUNT	
	NAME AND ADDRESS
PROVIDER	
AMOUNT	
	NA VE AND ACORESS
PROVIDER	
AMOUNT	
	ND ATTACH ADDITIONAL PAGES AS NECESSARY
COPY A	NU ATTACH AUDITIONAL PAGES AS NECESSARY

Parises 12/02 2005

ť

ť

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST V NOTAPPLICABLE Udentify each corporation, firm, partnership. limited partnership, limited liability partnership, professional corporation spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that t an interest. For more information, see FORM PFS-INSTRUCTION GUIDE. BUSINESS ENTITY INTEREST HELD BY IN					
Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, in which is spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that than interest. For more information, see FORM PES-INSTRUCTION GUIDE. 1 BUSINESS ENTITY 2 INTEREST HELD BY BUSINESS ENTITY IMME AND ADDRESS BUSINESS ENTITY IMME AND ADDRESS INTEREST HELD BY FILER BUSINESS ENTITY NAME AND ADDRESS BUSINESS ENTITY NAME AND ADDRESS		ESS IN COM	MON WITH L	OBBYIST PAI	RT 14
sional association, joint venture, or other business association, other than a publicly-held corporation, in which is spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that is an interest. For more information, see FORM PFSINSTRUCTION GUIDE. 1 BUSINESS ENTITY 2. INTEREST HELD BY INTEREST HELD BY FILER SUSINESS ENTITY NAME AND ADDRESS INTEREST HELD BY FILER BUSINESS ENTITY NAME AND ADDRESS INTEREST HELD BY [] FILER BUSINESS ENTITY NAME AND ADDRESS BUSINESS ENTITY NAME AND ADDRESS					
BUSINESS ENTITY 2. INTEREST HELD BY BUSINESS ENTITY INTEREST HELD BY	sional association, joint venture, or spouse, or a dependent child, and a	other business asso person registered as	ociation, other than a j a lobbyist under chapte	publicly-held corporation, in which y	ou, your
BUSINESS ENTITY BUSINESS ENTITY INTEREST HELD BY I G FILER I SPOUSE DEPENDENT CHILD NAME AND ADDRESS INTEREST HELD BY I FILER INTEREST HELD BY I FILER INTEREST HELD BY I FILER I SPOUSE DEPENDENT CHILD INTEREST HELD BY I FILER I SPOUSE I DEPENDENT CHILD I FILER I SPOUSE I	¹ BUSINESS ENTITY		NAME A	ND ACORESS	
BUSINESS ENTITY	2. INTEREST HELD BY	[] FILÉR			
BUSINESS ENTITY INTEREST HELO BY DEPENDENT CHILD BUSINESS ENTITY	BUSINESS ENTITY		NÀME À	NDADDRESS	
BUSINESS ENTITY	INTEREST HELD BY		SPOUSE		
BUSINESS ENTITY	BUSINESS ENTITY		NAME A	NDADDRESS	
BUSINESS ENTITY	INTEREST HELD BY		SPOUSE		
INTEREST HELD BY	BUSINESS ENTITY		NAME A	NOADDRESS	
1	INTEREST HELD BY				

NAME AND ADDRESS BUSINESS ENTITY INTEREST HELD BY FILER SPOUSE DEPENDENT CHILD COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 12,0212005

Л

.....

.... ~

FEES RECEIVED FOR TO A LOBBYIST OR L	R SERVICES R			PART 15
Report any fee you received for provi chapter 305 of the Government Code, sates or reimburses a person required services were provided, and indicate INSTRUCTION GUIDE.	or for providing services d to be registered as a lo	to or on behalf of a bbyist. Report the	a person you actually name of each person	know directly compen- n or entity for which the
¹ PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
2 FEE CATEGORY	LESS THAN \$5,000	55,000\$9,999	S10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	[] \$5,000-\$9.999	\$10,000\$24,599	\$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5.000	55,00059,999	\$10.000\$24.599	S25.000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED			For each	
FEE CATEGORY	LESS THAN \$5,000	55,000-59,999	\$10.000-\$24.599	S25.000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5.000	55.000-59.999	S10.000S24,999	S25.000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	55,00059,999	\$10,000-524.999	S25 000OR MORE
COPY AN	ND ATTACH ADDITIO	NAL PAGES AS	NECESSARY	

Pevised 12:02:2005

٠.

REPRESENTATION	BYLEGISLATO	RBEFORE		PART 16
STATE AGENCY				
This section applies only to member for compensation before a stat name of the person represented, a information, see FORM PFSINSTF Note: Beginning September 1, 20 agency in the executive branch. The relationship in a criminal law matter on the part of the agency; or (3) the September 1, 2003.	e agency in the execut and the category of the a RUCT ON GUIDE. 003, legislators may not, f he prohibition does not ap (2) the representation inv	live branch must mount of the feer for compensation, ply if. (1) the repre olves the filing of d	provide the name eceived for the repr represent another p sentation is pursuan ocuments that involv	e of the agency, the esentation. For more berson before a state it to an attorney/client re only ministerial acts
¹ STATE AGENCY				
² PERSON REPRESENTED				
3 FEE CATEGORY	LESS THAN \$5.000	55,000\$9,999	\$10.000-\$24,999	S25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5.000	55,00059,999	\$10.000\$24,999	\$25,000OR MORE
STATE AGENCY			f (a. anna an anna an an an an an an an an an	
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN 55,000	S5.000~\$9.999	[] \$10.000-S24.999	S25,000-OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN 55.000	\$\$ \$00\$9.999	510 000524,999	S25,000-OR MORE
COPY A	ND ATTACH ADDITIO	NAL PAGES AS	NECESSARY	

Texas	Ethics	Comm	noiazi

1-8	300	-3	2	٢.	R	4
1-0	າມບ	-9	4	5	o	-

Texas Ethics Commission	P.O Box 12070	Austin, Texa	s 78711-2070	(512) 463-5800	1-800-325-850
BENEFITS DER PUBLIC SERVA		UNCTIONS	HONORIN	NG	PART 17
Section 36.10 of the Penal to a benefit derived from a f of the Government Code o reported in the statement a activities in connection with received and is not reported information, see FORM PF	function in honor or appr r title 15 of the Election and 2) the benefit is use h the office which are no d by the public servant u	eciation of a publ Code if the benefi ed solely to defrago onreimbursable b nder title 15 of the	c servant required t and the source of r expenses that a y the state or a po	d to file a statement un of any benefit over \$50 occrue in the performa olitical subdivision. If s	der chapter 572) in value are: 1) nce of duties or such a benefit is
¹ SOURCE OF BENEFIT			NAME AND ADORESS		
² 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 P	AGES AS NEC	ESSARY	*

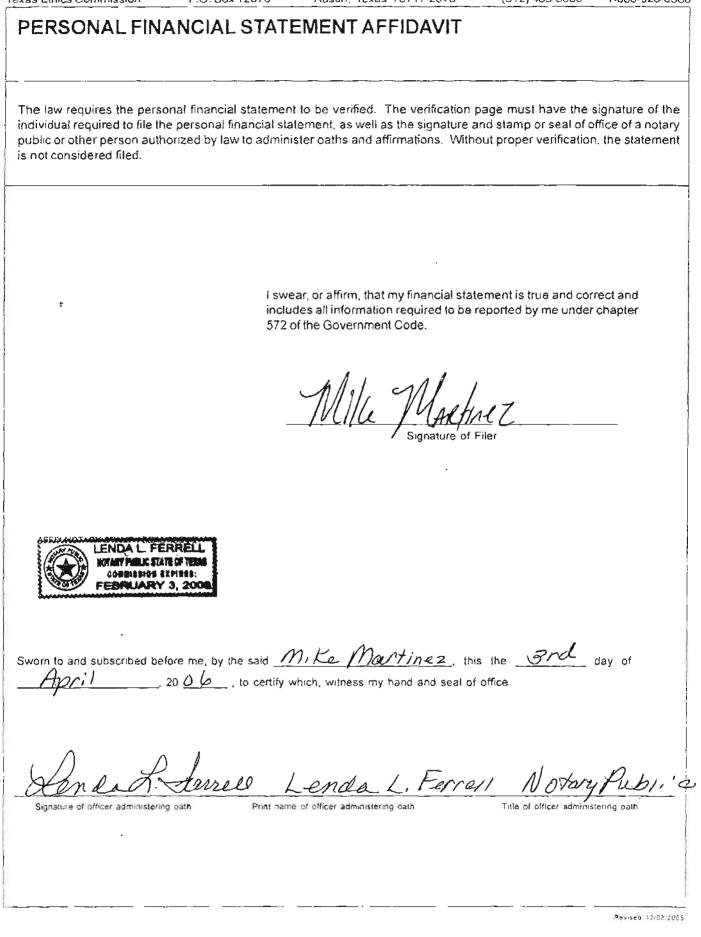
Revised 12403-2001

(

į

LEGISLATIVE CONT	INUANCE	S	PART 18
	another law or n	ule that requires or perm	under section 30.003 of the Civil Practice lits a court to grant continuances on the legislature.
1 NAME OF PARTY REPRESENTED			
² DATE RETAINED			
³ STYLE, CAUSE NUMBER, COURT & JURISDICTION			
4 DATE OF CONTINUANCE APPLICATION			
S WAS CONTINUANCE GRANTED?	□ yes	04	
NAME OF PARTY REPRESENTED			EMDALL FERRELL NOTARY PURCH STATE OF TEAS LOWN SSION (2010) EFERIALARY 3, 2008
DATE RETAINED			
STYLE, CAUSE NUMBER, COURT, & JURISDICTION			
DATE OF CONTINUANCE APPLICATION			
WAS CONTINUANCE GRANTED?	E. YES	[] NO	
СОРУ А	ND ATTACH	ADDITIONAL PAGES	AS NECESSARY

Reyard 12:02-2008



Texas	Ethics	Commiss	sion
-------	--------	---------	------

а.

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.	NL NUMBER OF PAGES FILED:			
NICKNAME; LAST; SUFFIX MARTINEZ	OFFICE USE ONLY A USTIN CIT			
2 ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1810 HASHLE St. AUSTUN TR 78702 HD/	CITY CLERK DATE/TIME 1 PM 3 10, apt *			
³ TELEPHONE AREA CODE PHONE NUMBER; EXTENSION NUMBER Image: Ima	Processed			
	(INDICATE AGENCY) (INDICATE AGENCY) (INDICATE AGENCY) (INDICATE PARTY)			
Family members whose financial activity you are reporting (filer must report information about the financ dependent children if the filer had actual control over that activity):	cial activity of the filer's spouse or			
SPOUSE				
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.				

,

.

Г

(512) 463-5800

1-800-325-8506

	PATIONAL INCOME	PART 1A	
When reporting information about	t a dependent child's activity, indicate the child about whon the child is listed on the Cover Sheet.	n you are reporting by	
¹ INFORMATION RELATES TO			
² EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD City of Austra POBOX 1028		
	NATURE OF OCCUPATION	pr	
INFORMATION RELATES TO		HILD	
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
n		κ.	
	NATURE OF OCCUPATION	••••••••••••••••••••••••••••••••••••••	
INFORMATION RELATES TO		HILD	
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD		
EMPLOYED BY ANOTHER			
	NATURE OF OCCUPATION		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

Revised 12/15/2006

P.O. Box 12070

0
0

PART 1B

RETAINERS

NOTAPPLICABLE

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

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

¹ FEE RECEIVED FROM	NAME AND ADDRESS		
² FEE RECEIVED BY			
	OR FILER'S BUSINESS		
	OR SPOUSE'S BUSINESS		
	DEPENDENT CHILD OR CHILD'S BUSINESS		
³ FEE AMOUNT	LESS THAN \$5,000 🗍 \$5,000\$9,999 🗌 \$10,000\$24,999 🗌 \$25,000OR MORE		
FEE RECEIVED FROM	NAME AND ADDRESS		
FEE RECEIVED BY	NAME OF BUSINESS		
	GR FILER'S BUSINESS		
	OR SPOUSE'S BUSINESS		
	DEPENDENT CHILD OR CHILD'S BUSINESS		
FEE AMOUNT	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

Texas Ethics Commissio	on P.O. B	ox 12070 Austin	n, Texas 78711-20	70 (512) 463-	-5800 1-800-325-8506
	BLE				PART 2
and indicate the cate	gory of the numb ount of the net	per of shares held or a	cquired. If some o	r all of the stock was	uring the calendar year sold, also indicate the on, <i>see</i> FORM PFS
		dependent child's ac child is listed on the C		e child about whom	you are reporting by
¹ BUSINESS ENTITY	,		N.	AME	
² STOCK HELD OR A	CQUIRED BY				LD
³ NUMBER OF SHAF	RES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
4 IF SOLD [NET GAIN	LESS THAN \$5,000	\$5,000\$9,99	\$10,000\$24,999	S25,000OR MORE
BUSINESS ENTITY	, <u>, , , , , , , , , , , , , , , , , , </u>		N	AME	
STOCK HELD OR A	CQUIRED BY				LD
NUMBER OF SHAR	RES	LESS THAN 100	100 TO 499	🔲 500 ТО 999	1,000 TO 4,999
		🔲 5,000 ТО 9,999	10,000 OR MOR	E	
IF SOLD [NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
BUSINESS ENTITY	· · ·		N	AME	
STOCK HELD OR A	CQUIRED BY				LD
NUMBER OF SHAR	ES	LESS THAN 100	100 TO 499	🔲 500 ТО 999	1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MOR	E	۰.
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
BUSINESS ENTITY			NA	ME	
STOCK HELD OR A	CQUIRED BY				_D
NUMBER OF SHAR	ES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		☐ 5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	☐ \$25,000OR MORE
BUSINESS ENTITY			NA	ME	
STOCK HELD OR A	CQUIRED BY				.D
NUMBER OF SHAR	ES	LESS THAN 100	100 TO 499	🔲 500 ТО 999	1,000 TO 4,999
		5,000 TO 9,999		Ē	
IF SOLD] NET'GAIN] NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
	COPY	AND ATTACH ADDITION	NAL PAGES AS NEC	ESSARY	

1-800-325-8506

BONDS, NOTES & OTHER COMMERCIAL PAPER

PART 3

NOTAPPLICABLE

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

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

1 DESCRIPTION OF INSTRUMENT		
² HELD OR ACQUIRED BY		
IF SOLD	☐ LESS THAN \$5,000	
DESCRIPTION OF INSTRUMENT		
HELD OR ACQUIRED BY		
IF SOLD	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE	
DESCRIPTION OF INSTRUMENT		
HELD OR ACQUIRED BY		
IF SOLD	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY		

Revised 12/15/2006

Texas Ethics Commission P.O	D. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506
MUTUAL FUNDS	PART 4
acquired during the calendar year a some or all of the shares of a mutua from the sale. For more information	nber of shares in that mutual fund that you, your spouse, or a dependent child held or and indicate the category of the number of shares of mutual funds held or acquired. If al fund were sold, also indicate the category of the amount of the net gain or loss realized h, see FORM PFSINSTRUCTION GUIDE. t a dependent child's activity, indicate the child about whom you are reporting by
providing the number under which t	the child is listed on the Cover Sheet.
MUTUAL FUND	American Contray Uttag Find
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100 100 TO 499 500 TO 999 1,000 TO 4,999
	5,000 TO 9,999 10,000 OR MORE
IF SOLD INET GAIN	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
MUTUAL FUND	NAME
	MFS MAGOA Chusetts Investors GRATH Ful
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	A FILER SPOUSE DEPENDENT CHILD
HELD OR ACQUIRED BY	
HELD OR ACQUIRED BY	
HELD OR ACQUIRED BY	A FILER SPOUSE DEPENDENT CHILD A FILER 100 TO 499 500 TO 999 1,000 TO 4,999
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD	Image: Price state in the
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD IF SOLD NET GAIN NET LOSS	Image: Price state in the
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD IF SOLD NET GAIN NET LOSS	Image: Filer Image: Spouse Image: Dependent Child Image: Spouse Image: Dependent Child Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GAIN INET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES	Image: Spouse Dependent Child Image: Spouse Dependent C
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GAIN INET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	Image: Spouse Dependent Child Image: Spouse Dependent Child Image: Spouse 100 to 499 500 to 999 1,000 to 4,999 Image: Spouse Image: Spouse 10,000 or More Image: Spouse Image: Spouse \$10,000-\$24,999 \$25,000-OR MORE Image: Spouse Image: Spouse Spouse Spouse Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse Image: Spouse

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Revised 12/15/2006

.

1-800-325-8506

	REST, DIVIDI	ENDS, ROYA	LTIES & RENTS PART 5	
List each source of income you, y interest, dividends, royalties, and re more information, <i>see</i> FORM PFS-	ents during the calenda	r year and indicate the	d <i>in excess of \$500</i> that was derived from e category of the amount of the income. For	
When reporting information about providing the number under which	t a dependent child's the child is listed on the	e activity, indicate the e Cover Sheet.	e child about whom you are reporting by	
¹ SOURCE OF INCOME		NAME AN	ID ADDRESS	
² RECEIVED BY				
³ AMOUNT	\$500\$4,999	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE	
SOURCE OF INCOME		NAME AN	DADDRESS	
· · ·				
RECEIVED BY				
AMOUNT	\$500\$4,999	\$ 5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE	
SOURCE OF INCOME		NAME AND	DADDRESS	
RECEIVED BY				
AMOUNT	\$500\$4,999	\$5,000\$9,999	☐ \$10,000\$24,999	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Austin, Texas 78711-2070

(512) 463-5**800**

PERSONAL NOTES	AND LEASE A	GREEMEN	rs	PART 6
Identify each guarantor of a la a dependent child had a total fina agreement at any time during the o tion, see FORM PFSINSTRUCTIO	ancial liability <i>of more</i> alendar year and indic	than \$1,000 in the	form of a personal n	note or notes or lease
When reporting information about providing the number under which			e child about whom	you are reporting by
1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Univers	the Federa	1 (endit	Unin
² LIABILITY OF	FILER			
³ GUARANTOR				
4 AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GLEAT W	iskin Fr	milal 4	KILLE Equily
LIABILITY OF	Filer			
GUARANTOR	1			
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF		SPOUSE		HILD
GUARANTOR				
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Austin, Texas 78711-2070

(512) 463-5800

INTERESTS IN REAL PROPERTY

PART 7A

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

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

HELD OR ACQUIRED BY				HILD
2 STREET ADDRESS		STREET ADDRESS, INCLUD	ING CITY, COUNTY, AND STATE	E
³ DESCRIPTION LOTS ACRES	NU	HBER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LC	DCATED
A NAMES OF PERSONS RETAINING AN INTEREST				
5 IF SOLD INET GAIN INET LOSS	LESS THAN \$5,00	0 🗌 \$5,000\$9,999	[] \$10,000\$24,999	☐ \$25,000OR MORE
HELD OR ACQUIRED BY				HILD
			NG CITY, COUNTY, AND STATE	
STREET ADDRESS		STREET ADDRESS, INCLODI		
	NUM		NAME OF COUNTY WHERE LO	
DESCRIPTION	NUN			
NOT AVAILABLE DESCRIPTION LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE		BER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LO	

Revised 12/15/2006

Texas Ethics Commission P.O	. Box 12070	Austin, Texas 78711-20	70 (512) 463-	5800 1-800-32	5-8506
INTERESTS IN BUSI	NESS EN	TITIES		PART	7B
Describe all beneficial interests in t calendar year. If the interest was so For an explanation of "beneficial i INSTRUCTION GUIDE. When reporting information about providing the number under which	ld, also indicate nterest" and oth t a dependent of	the category of the amount her specific directions for a child's activity, indicate the	of the net gain or loss completing this sect	realized from the ion, <i>see</i> FORM P	sale. FS
¹ HELD OR ACQUIRED BY				HILD	
² DESCRIPTION		NAME AN	D ADDRESS		
³ IF SOLD INET GAIN INET LOSS		N \$5,000 □ \$5,000\$9,999	☐ \$10,000\$24,999	☐ \$25,000OR M	ORE
HELD OR ACQUIRED BY				HILD	
DESCRIPTION		NAME AN	DADDRESS		
IF SOLD	LESS THA	N \$5,000 🔲 \$5,000\$9,999	☐ \$10,000\$24,999	☐ \$25,000OR M	ORE
HELD OR ACQUIRED BY				HILD	
DESCRIPTION		NAME ANI	DADDRESS		
IF SOLD	LESS THA	N \$5,000 🗌 \$5,000\$9,999	□ \$10,000\$24,999	☐ \$25,000OR MC	DRE
COPY A	ND ATTACH A	ADDITIONAL PAGES AS	NECESSARY		
	-		· · · · · · · · · · · · · · · · · · ·		

.

.

P.O. Box 12070

PART 8

Identify any person or organization that has given a gift *worth more than \$250* to you, your spouse, or a dependent child, and describe the gift. 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.

¹ DONOR		NAME A	AND ADDRESS	
² RECIPIENT	[]] FILER			
³ DESCRIPTION OF GIFT				
DONOR		NAME A	ADDRESS	
RECIPIENT	🗍 FILER			
DESCRIPTION OF GIFT				
DONOR	NAME AND ADDRESS			
RECIPIENT			DEPENDENT CHILD	
DESCRIPTION OF GIFT				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Revised 12/15/2006

TRUST INCOME	• 		PART	9
	₩ ₩.12	· · ·		
category of the amount of income i	received. Also identify ea	ch asset of the trus	nild as beneficiary of a trust and indicate th t from which the beneficiary received <i>mor</i> , <i>see</i> FORM PFSINSTRUCTION GUIDE	e
When reporting information abou providing the number under which			child about whom you are reporting b	у
¹ SOURCE	NAME OF TRUST			
² BENEFICIARY				
³ INCOME	LESS THAN \$5,000	\$ 5,000\$9,999	S10,000\$24,999 S25,000OR MORE	
⁴ ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE	NAME OF TRUST			
BENEFICIARY				
INCOME	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE	:
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE		NAME O	FTRUST	
BENEFICIARY			DEPENDENT CHILD	
INCOME	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE	
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
COPY A	ND ATTACH ADDITIO	NAL PAGES AS	NECESSARY	-

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-20	70 (512) 463-5800	1-800-325-85
BLIND TRUSTS				PART 10A
Identify each blind trust that of GUIDE.	complies with section 572.(23(c) of the Governme	nt Code. See FORM PFS	INSTRUCTION
When reporting information providing the number under			e child about whom you a	re reporting by
¹ NAME OF TRUST				
² TRUSTEE		NAME AN	D ADDRESS	
³ BENEFICIARY				
⁴ FAIR MARKET VALUE	LESS THAN \$5,	000 🗌 \$5,000\$9,999	[] \$10,000\$24,999 [] \$2	5,000OR MORE
⁵ DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME AN	D ADDRESS	
BENEFICIARY				
FAIR MARKET VALUE	LESS THAN \$5,0	000 🔲 \$5,000\$9,999	\$10,000\$24,999	5,990OR MORE
DATE CREATED				
NAME OF TRUST				
TRUSTEE		NAME ANI	D ADDRESS	
BENEFICIARY				
FAIR MARKET VALUE	LESS THAN \$5,0	00 [] \$5,000\$9,999	[] \$10,000\$24,999 [] \$25	6,000OR MORE
DATE CREATED				
	PY AND ATTACH ADD			

. .

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506
TRUSTEE STAT	EMENT	:		PART 10B
	stee of each blind trust l	rust on Part 10A of the Personal isted on Part 10A. The portions of		
1 NAME OF TRUST				
² TRUSTEE NAME				· · · · · · · · · · · · · · · · · · ·
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED		NAME		
4 TRUSTEE STATEMENT	trust except information	of perjury, that I have not revealed a on that may be disclosed under set best of my knowledge, the trust	ction 572.023 (b)(8) of	the Government
		Trustee	Signature	
	activity consists of: he source and the categ	ory of the amount of all income re ion (c), and identification of each t		
from which income	was received by the ben	eficiary in excess of \$500;		
		mplies with Subsection (c), inclue	ding:	
	gory of the fair market v	alue of the trust;		
(B) the date	the trust was created;			
(C) the nam	e and address of the tru	stee; and		
	÷ .	ee, under penalty of perjury, statir	-	
	ustee has not revealed ar Subdivision (8); and	ny information to the individual, exc	ept information that m	ay be disclosed
		nowledge, the trust complies with	n this section.	
(c) For purposes of Subsect	ions (b)(8) and (14), a bl	lind trust is a trust as to which:		
(1) the trustee:				
• •	nterested party;			
•••	ə individual;			
• •		bbyist under Chapter 305;		
	public officer or public er			
supervises;	and	by the individual or by a public off		
	complete discretion to m ulting or notifying the ind	nanage the trust, including the po ividual.	ower to dispose of an	id acquire trust
	s most recent financial sta	le the individual is subject to this s atement, disclosing the date of revo ved from each asset.		

PART 11A

ASSETS OF BUSINESS ASSOCIATIONS

NOTAPPLICABLE

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

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

¹ BUSINESS ASSOCIATION	NAME AND ADDRESS			
² BUSINESS TYPE				
³ HELD, ACQUIRED, OR SOLD BY				CHILD
⁴ ASSETS	D	ESCRIPTION	CATE	GORY \$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	☐ \$5,000\$9,999 ☐ \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	<pre>\$5,000\$9,999 \$25,000OR MORE</pre>
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
		 	LESS THAN \$5,000	□ \$5,000\$9,999 □ \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
C	OPY AND ATTAC	ADDITIONAL PAGES	AS NECESSARY	

1-800-325-850	6
	٦

LIABILITIES OF	F BUSINESS AS	SSOCIATIONS		PART 11B
corporation, professiona dent child held, acquired	al association, joint ventu	re, or other business ass ore of the outstanding ow	nership, limited liability pa sociation in which you, yo ynership and indicate the IIDE.	our spouse, or a depen-
When reporting informa providing the number un	ation about a dependen der which the child is liste	t child's activity, indicat ed on the Cover Sheet.	e the child about whom	you are reporting by
¹ BUSINESS ASSOCIATION		NAME AN	ID ADDRESS	
² BUSINESS TYPE				
³ HELD, ACQUIRED, OR SOLD BY				CHILD ———
	DES	CRIPTION	1 _	EGORY
			LESS THAN \$5,000	└ \$5,000\$9,999
	· · · · · · · · · · · · · ·		\$10,000\$24,999	↓ \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999
			□ \$10,000\$24,999	S25,000OR MORE
			·[····································	
			LESS THAN \$5,000	5,000\$9,999
		· · · · · · · · · · · · · · ·	\$10,000\$24,999	S \$25,000OR MORE
			 	\$5,000\$9,999
			 	S25,000OR MORE
			. <mark> </mark>	
,			LESS THAN \$5,000	\$5,000\$9,999
			\$10,000\$24,999	S25,000OR MORE
			LESS THAN \$5,000	5,000\$9,999
			 	\$25,000OR MORE
			· [· · · · · · · · · · · · · · ·	
			LESS THAN \$5,000	\$5,000\$9,99
			\$10,000\$24,999	S25,000OR MORE
			 LESS THAN \$5,000	5,000\$9,99
			\$10,000\$24,999	\$25,000OR MORE
	COPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY	1

(512) 463-5800

1-800-325-8506

PART 12

BOARDS AND EXECUTIVE POSITIONS

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.

¹ ORGANIZATION	Austin	FF R	ebst f	Outreach Fund
² POSITION HELD	2	mrd v	UmBa	L
³ POSITION HELD BY	Filer] SPOUSE	
ORGANIZATION	Austin	Ĺf d	Scholae	ship Find
POSITION HELD	Bo	and Mey	rahen	
POSITION HELD BY	Eller	Ľ] SPOUSE	
ORGANIZATION				
POSITION HELD				
POSITION HELD BY	[] FILER] SPOUSE	
ORGANIZATION				
POSITION HELD				
POSITION HELD BY	Filer	Γ.	SPOUSE	
ORGANIZATION				
POSITION HELD				
POSITION HELD BY			SPOUSE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

1-800-325-8506

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION PART 13

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

¹ PROVIDER	· NAME AND ADDRESS	
² AMOUNT	· · · · · · · · · · · · · · · · · · ·	
PROVIDER	NAME AND ADDRESS	
AMOUNT		
PROVIDER	NAME AND ADDRESS	
· · ·		
AMOUNT		
PROVIDER	NAME AND ADDRESS	
AMOUNT		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY		

.

,

1-800-325-8506

	ESS IN CON	MMON WITH LO	DBBYIST PART 14
Identify each corporation, firm, partn sional association, joint venture, or	other business as person registered a	sociation, other than a p s a lobbyist under chapte	artnership, professional corporation, profesublicly-held corporation, in which you, your 305 of the Government Code that both have
¹ BUSINESS ENTITY			ND ADDRESS
² INTEREST HELD BY			
BUSINESS ENTITY		NAME AF	ND ADDRESS
INTEREST HELD BY			
BUSINESS ENTITY		NAME AN	ID ADDRESS
INTEREST HELD BY	🗌 FILER		
BUSINESS ENTITY		NAME AN	DADDRESS
INTEREST HELD BY			DEPENDENT CHILD
BUSINESS ENTITY		NAME AN	D ADDRESS
INTEREST HELD BY			DEPENDENT CHILD
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

Texas Ethics Commission P.O.	Box 12070 Aust	tin, Texas 78711-20	70 (512) 463-	5800 1-800-325-850
FEES RECEIVED FOR TO A LOBBYIST OR I				PART 15
Report any fee you received for prov chapter 305 of the Government Code sates or reimburses a person require services were provided, and indicat INSTRUCTION GUIDE.	, or for providing service d to be registered as a l	es to or on behalf of a obbyist. Report the	a person you actually name of each perso	know directly compen- n or entity for which the
¹ PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
² FEE CATEGORY	LESS THAN \$5,000) \$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000) 🗍 \$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				· · · · · · · · · · · · · · · · · · ·
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
COPY AN	ID ATTACH ADDITIC	DNAL PAGES AS	NECESSARY	

.

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART **16**

NOTAPPLICABLE

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

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

¹ STATE AGENCY				
² PERSON REPRESENTED				
³ FEE CATEGORY	LESS THAN \$5,000	\$ 5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$ 5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 	\$25,000OR MORE
COPY AN	ID ATTACH ADDITIO	NAL PAGES AS	NECESSARY	
	-			Revised 12/15/2006

Texas Ethics Commission

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

PART 17

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

NOTAPPLICABLE

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

SOURCE OF BENEFIT	NAME AND ADDRESS
2	
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
	· · · · · · · · · · · · · · · · · · ·
BENEFIT	
, n	
	NAME AND ADDRESS
SOURCE OF BENEFIT	
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
	· · · · · · · · · · · · · · · · · · ·
BENEFIT	
	OPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

(512) 463-5800

1-800-325-8506

LEGISLATIVE CONTINUANCES

NOTAPPLICABLE

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			
WAS CONTINUANCE GRANTED?		П NO	
DATE OF CONTINUANCE APPLICATION			
STYLE, CAUSE NUMBER, COURT, & JURISDICTION			
DATE RETAINED			· · · · ·
NAME OF PARTY REPRESENTED			
5 WAS CONTINUANCE GRANTED?	T YES	NO	
4 DATE OF CONTINUANCE APPLICATION			
³ STYLE, CAUSE NUMBER, COURT & JURISDICTION			
² DATE RETAINED			
¹ NAME OF PARTY REPRESENTED			

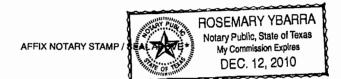
PART 18

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.

Mila Martine



Sworn to and subscribed before me, by the said Mike Marther, this the 1st day of , 20 _____, 20 ____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Rosewary Yourse Print name of officer administering oath

Title of officer administering oath

Texas	Ethics	Commission

.

(512) 463-5800 1-4

PERSON	AL FINANCIAL STATEMENT		FORM PFS COVER SHEET
For filings req	in accordance with chapter 572 of the Government Code. uired in 2009, covering calendar year ending December 31, 2008.	TOTAL NUMBER OF	F PAGES FILED:
	RM PFSINSTRUCTION GUIDE when completing this form.	A0000NT #	
¹ NAME	NICKNAME; LAST; SUFFIX MARTINE	OFFI Date Received	
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 5229 TOWER TRAIL AVS HIN, TR 78723 (CHECK IF FILER'S HOME ADDRESS)	Receipt #	AUSTIN CITY C POSTING: DATE 109 MAR 8 AM
³ TELEPHONE	AREA CODE PHONE NUMBER; EXTENSION	Date Processed	
NUMBER	(512) 928-2182	Date Imaged	PS ME
4 REASON FOR FILING STATEMENT	CANDIDATE		(INDICATE OFFICE) (INDICATE OFFICE) (INDICATE AGENCY) (INDICATE AGENCY) (INDICATE PARTY) (INDICATE POSITION)
dependent children	hose financial activity you are reporting (filer must report information about the if the filer had actual control over that activity):	financial activity	of the filer's spouse or
DEPENDENT C	HILD 1		
	2		
	3		
required to disclose over that person's fir	8, you will disclose your financial activity during the preceding calendar y not only your own financial activity, but also that of your spouse or a depe nancial activity. COPY AND ATTACH ADDITIONAL PAGES AS NE	ndent child if y	ou had actual control

Revised 12/01/2008

ļ

.

(512) 463-5800

SOURCES OF OCCU	PATIONAL INCOME	PART 1A
	t a dependent child's activity, indicate the child abou the child is listed on the Cover Sheet.	t whom you are reporting by
¹ INFORMATION RELATES TO		DENT CHILD
² EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSIT (Check if Filer's Home Addres) (City of Austin P.D. Box 1088	
	Austin, TX 787 NATURE OF OCCUPATION COUNCIL MUMBER	
INFORMATION RELATES TO		DENT CHILD
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITI	
	NATURE OF OCCUPATION	••••••••••••••••••••••••••••••••••••••
INFORMATION RELATES TO		DENT CHILD
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITI	
EMPLOYED BY ANOTHER		
	NATURE OF OCCUPATION	· · · · · · · · · · · · · · · · · · ·
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSA	RY

P.O. Box 12070

Austin, Texas 78711-2070

PART 1B

RETAINERS

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

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

¹ FEE RECEIVED FROM	NAME AND ADDRESS
² FEE RECEIVED BY	NAME OF BUSINESS
³ FEE AMOUNT	LESS THAN \$5,000 🗍 \$5,000\$9,999 🗍 \$10,000\$24,999 🗍 \$25,000OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS
FEE AMOUNT	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commis	sion P.O. B	ox 12070 Austir	n, Texas 78711-207	70 (512) 463-	5800 1-800-325-8506
STOCK					PART 2
	CABLE				
List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, <i>see</i> FORM 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 ENTI	ΓΥ		Ň	AME	
² STOCK HELD OF	ACQUIRED BY		SPOUSE		LD
³ NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	500 TO 999	[] 1,000 TO 4,999
4 IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	5 10,000\$24,999	S25,000OR MORE
BUSINESS ENTIT	ry		N	AME	
STOCK HELD OF	ACQUIRED BY				LD
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	🔲 500 TO 999	1,000 TO 4,999
		🗔 5,000 TO 9,999	10,000 OR MOR	RE	
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
BUSINESS ENTIT	ΓY		N/	AME	······································
STOCK HELD OR	ACQUIRED BY		SPOUSE	DEPENDENT CHIL	LD
NUMBER OF SHA	ARES	LESS THAN 100	100 TO 499	☐ 500 TO 999 Е	1,000 TO 4,999
IF SOLD		LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
BUSINESS ENTIT	Ŷ		NA	AME	
STOCK HELD OR	ACQUIRED BY				_D
NUMBER OF SHA	ARES	LESS THAN 100	100 TO 499	🗍 500 ТО 999	1,000 TO 4,999
		🗍 5,000 TO 9,999	🗌 10,000 OR MOR	E	
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
BUSINESS ENTIT	Υ		NA	ME	
STOCK HELD OR	ACQUIRED BY				.D
NUMBER OF SHA	RES	LESS THAN 100	100 TO 499	🗌 500 TO 999	1,000 TO 4,999
		— [] 5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
		AND ATTACH ADDITION	NAL PAGES AS NEC	ESSARY	

,

BONDS, NOTES & OTHER COMMERCIAL PAPER PART 3 NOTAPPLICABLE List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 DESCRIPTION OF INSTRUMENT 2 HELD OR ACQUIRED BY SPOUSE DEPENDENT CHILD _____ 3 IF SOLD LESS THAN \$5,000 S5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE NET GAIN □ NET LOSS DESCRIPTION OF INSTRUMENT HELD OR ACQUIRED BY **FILER** SPOUSE DEPENDENT CHILD _____ IF SOLD LESS THAN \$5,000 S5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE NET GAIN □ NET LOSS DESCRIPTION OF INSTRUMENT HELD OR ACQUIRED BY FILER SPOUSE DEPENDENT CHILD _____ IF SOLD □ \$5,000--\$9,999 □ \$10,000--\$24,999 □ \$25,000--OR MORE LESS THAN \$5,000 NET GAIN □ NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission P.O. E	Box 12070 Austii	n, Texas 78711-2070 (512) 463-5800 1-800-325-850		
MUTUAL FUNDS		PART 4		
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, <i>see</i> FORM PFSINSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by				
providing the number under which the	e child is listed on the C			
1 MUTUAL FUND	Americ	an Century Ultra Fund		
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY				
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 500 TO 999 1,000 TO 4,999		
4 IF SOLD INET GAIN	LESS THAN \$5,000	☐ \$5,000\$9,999 ☐ \$10,000\$24,999 ☐ \$25,000OR MORE		
MUTUAL FUND		NAME		
	MFS	MASSAchusetts Investoris Geouth Fund		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	MFS X filer	MASSAChusetts Investmes Georth Fund		
HELD OR ACQUIRED BY	Filer	SPOUSE DEPENDENT CHILD 100 TO 499 500 TO 999 1,000 TO 4,999		
HELD OR ACQUIRED BY	FILER	SPOUSE DEPENDENT CHILD		
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GAIN INET LOSS	FILER	SPOUSE DEPENDENT CHILD 100 TO 499 500 TO 999 1,000 TO 4,999 10,000 OR MORE 10,000 - \$24,999 \$25,000OR MORE		
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GAIN INET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	E FILER E LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 A LANCIE	SPOUSE DEPENDENT CHILD		
HELD OR ACQUIRED BY NUMBER OF SHARES OF MUTUAL FUND IF SOLD INET GAIN INET LOSS MUTUAL FUND SHARES OF MUTUAL FUND HELD OR ACQUIRED BY NUMBER OF SHARES	FILER SLESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 LESS THAN \$5,000 FILER LESS THAN 100	□ SPOUSE □ DEPENDENT CHILD		

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5

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

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

¹ SOURCE OF INCOME		NAME AN	DADDRESS
² RECEIVED BY			
³ AMOUNT	☐ \$500\$4,999	\$5,000\$9,999	☐ \$10,000\$24,999
SOURCE OF INCOME		NAME ANI	DADDRESS
RECEIVED BY			DEPENDENT CHILD
AMOUNT	5500\$4,999	\$5,000\$9,999	☐ \$10,000\$24,999
SOURCE OF INCOME		NAME AND	DADDRESS
RECEIVED BY			
AMOUNT	\$500\$4,999	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

Austin, Texas 78711-2070

(512) 463-5800

PERSONAL NOTES	PERSONAL NOTES AND LEASE AGREEMENTS				
a dependent child had a total fina agreement at any time during the c tion, see FORM PFSINSTRUCTIO When reporting information abou	ntor of a loan and each person or financial institution to whom you, your spouse, or d a total financial liability of more than \$1,000 in the form of a personal note or notes or lease during the calendar year and indicate the category of the amount of the liability. For more informa- NSTRUCTION GUIDE. nation about a dependent child's activity, indicate the child about whom you are reporting by under which the child is listed on the Cover Sheet.				
¹ PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Univer	esity Feder	al Gedit	Union	
² LIABILITY OF					
³ GUARANTOR					
4 AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT					
LIABILITY OF				HILD	
GUARANTOR		······································			
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE	
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT					
LIABILITY OF				HILD	
GUARANTOR					
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Austin,	Texas	7871	1-2070

(512) 463-5800

INTERESTS IN REAL PROPERTY

PART 7A

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

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

HELD OR ACQUIRED BY			DEPENDENT CHILD
STREETADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS		STREET ADDRESS, INCLUD	NG CITY, COUNTY, AND STATE
³ DESCRIPTION LOTS ACRES		NUMBER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)			
⁵ IF SOLD NET GAIN NETLOSS	🗌 LESS THAN	\$5,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
HELD OR ACQUIRED BY			
STREET ADDRESS		STREET ADDRESS, INCLUDI	NG CITY, COUNTY, AND STATE
NOTAVAILABLE			NG CITY, COUNTY, AND STATE
NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS			
NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE	LESS THAN	NUMBER OF LOTS OR ACRES AND	

(512) 463-5800

PART 7B

INTERESTS IN BUSINESS ENTITIES

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

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

¹ HELD OR ACQUIRED BY			
² DESCRIPTION			D ADDRESS ler's Home Address)
³ IF SOLD		N \$5,000 🔲 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
HELD OR ACQUIRED BY			
DESCRIPTION			D ADDRESS ler's Home Address)
IF SOLD	LESS THAN	J \$5,000 🗌 \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
HELD OR ACQUIRED BY			
DESCRIPTION) ADDRESS er's Home Address)
IF SOLD	LESS THAN	\$5,000 🗌 \$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
COPY AI	ND ATTACH A	DDITIONAL PAGES AS	NECESSARY

PART 8

GIFTS

NOTAPPLICABLE

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

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

¹ DONOR		NAME A	ND ADDRESS
² RECIPIENT			
³ DESCRIPTION OF GIFT			
DONOR		NAME A	ND ADDRESS
RECIPIENT			
DESCRIPTION OF GIFT			
DONOR		NAME AN	ND ADDRESS
RECIPIENT			
DESCRIPTION OF GIFT			
COPY A	ND ATTACH ADI	DITIONAL PAGES AS	S NECESSARY

Texas Ethics Commis	ssion
---------------------	-------

Austin, Texas 78711-2070

PART 9

TRUSTINCOME

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.

SOURCE		NAME	OF TRUST
² BENEFICIARY			
³ INCOME	LESS THAN \$5,000	☐ \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
⁴ ASSETS FROM WHICH OVER \$500 WAS RECEIVED			
SOURCE		NAME C	DF TRUST
BENEFICIARY			
INCOME	LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000\$24,999
ASSETS FROM WHICH OVER \$500 WAS RECEIVED			
SOURCE		NAME O	IF TRUST
BENEFICIARY			DEPENDENT CHILD
INCOME	LESS THAN \$5,000	☐ \$5,000 \$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED			
COPY A	ND ATTACH ADDITIO	NAL PAGES AS	NECESSARY

BLIND TRUSTS			PART 10A
Identify each blind trust that com GUIDE.	plies with section 572.023	(c) of the Governme	ent Code. See FORM PFSINSTRUCTION
When reporting information ab providing the number under whic	out a dependent child's a the child is listed on the	activity, indicate the Cover Sheet.	e child about whom you are reporting by
¹ NAME OF TRUST		<u> </u>	
² TRUSTEE		NAME AI	ND ADDRESS
³ BENEFICIARY			
⁴ FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
⁵ DATE CREATED			
NAME OF TRUST			
TRUSTEE		NAME AN	ND ADDRESS
BENEFICIARY			
FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	S10,000\$24,999 S25,000OR MORE
DATE CREATED			
NAME OF TRUST			
TRUSTEE		NAME AN	ID ADDRESS
BENEFICIARY			
FAIR MARKET VALUE	LESS THAN \$5,000	L \$5,000\$9,999	S10,000\$24,999 \$25,000OR MORE
DATE CREATED			
СОРУ		NAL PAGES AS	NECESSARY

.

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800 1-

1-800-325-8506

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-8506				
TRUSTEE STATE	EMENT		· · ·	PART 10B				
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	trust except information	of perjury, that I have not revealed a on that may be disclosed under sec best of my knowledge, the trust	tion 572.023 (b)(8) of	the Government				
		Trustee	Signature					
S 570 000 Contents of Fin	encial Chatement in O							
§ 572.023. Contents of Fina	- · · · · · ·	eneral						
(b) The account of financial a	•							
than a blind trust that	complies with Subsection	ory of the amount of all income rec on (c), and identification of each tr eficiary in excess of \$500;	ceived as beneficiary rust asset, if known to	of a trust, other the beneficiary,				
(14) identification of	each blind trust that co	mplies with Subsection (c), includ	ling:					
(A) the categ	gory of the fair market va	alue of the trust;						
(B) the date	the trust was created;							
(C) the name	e and address of the true	stee; and		(
(D) a statem	ent signed by the truste	e, under penalty of perjury, statin	ig that:					
	stee has not revealed an ubdivision (8); and	y information to the individual, exc	ept information that m	ay be disclosed				
(ii) to the	e best of the trustee's kr	nowledge, the trust complies with	this section.					
(c) For purposes of Subsection	ons (b)(8) and (14), a bl	ind trust is a trust as to which:						
(1) the trustee:								
(A) is a disin	terested party;							
(B) is not the	individual;							
(C) is not req	uired to register as a lol	obyist under Chapter 305;		1				
(D) is not a p	ublic officer or public en	nployee; and						
(E) was not a supervises; a		by the individual or by a public offi	cer or public employe	e the individual				
	omplete discretion to m Iting or notifying the indi	anage the trust, including the po vidual.	ower to dispose of an	d acquire trust				
	most recent financial sta	e the individual is subject to this su tement, disclosing the date of revo ed from each asset.						

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a 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 (Check If Filer's Home Address)			
² BUSINESS TYPE				
³ HELD, ACQUIRED, OR SOLD BY			DEPENDENT CHILD	
⁴ ASSETS		DESCRIPTION	CATEGORY	_
			│	
			☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000\$24,999	E
			LESS THAN \$5,000 \$5,000\$9,999	Ξ
			LESS THAN \$5,000 \$5,000\$9,999	
			□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE	Ξ.
			□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE	Ξ
			LESS THAN \$5,000 \$5,000\$9,999	:
C	OPY AND ATTA	CH ADDITIONAL PAGES	AS NECESSARY	

(512) 463-5800

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

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.

	NAME AND ADDRESS				
ASSOCIATION					
² BUSINESS TYPE					
³ HELD, ACQUIRED, OR SOLD BY					
	DESC	RIPTION	CATEGORY		
			LESS THAN \$5,000	5,000\$9,999	
			[] \$10,000\$24,999 [] \$	25,000OR MORE	
	<i>. , .</i>	•••••			
			LESS THAN \$5,000	5,000\$9,999	
			[] \$10,000\$24,999 [] \$	25,000OR MORE	
			· · · · · · · · · · · · · · · · · · ·	•••••	
			LESS THAN \$5,000	5,000\$9,999	
			\$10,000\$24,999	25,000OR MORE	
			!		
			🔲 LESS THAN \$5,000 🗌 \$5	5,000\$9,999	
			\$10,000\$24,999	25,000OR MORE	
		•		5,000\$9,999	
			\$10,000\$24,999	25,000OR MORE	
			 [] LESS THAN \$5,000 [] \$5	5,000\$9,999	
			1	25,000OR MORE	
	· · · · · · · · · · · · · · · ·	· · · · <i>·</i> · · · · · · · · · ·	·····		
			 🔲 LESS THAN \$5,000 🗍 \$5	5,000\$9,999	
			। □ \$10,000\$24,999 □ \$2	25,000OR MORE	
		<i></i>			
			 	5,000\$9,999	
			\$10,000\$24,999	25,000OR MORE	
C	OPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY		

(512) 463-5800

1-800-325-8506

PART 12

BOARDS AND EXECUTIVE POSITIONS

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.

¹ ORGANIZATION	Austi	# Filefoldthas	Find	
² POSITION HELD	Ē	Filefobuthas Goard Membe	ſ.	
³ POSITION HELD BY			—	
ORGANIZATION				
POSITION HELD				
POSITION HELD BY	Filer			
ORGANIZATION				
POSITION HELD				
POSITION HELD BY				
ORGANIZATION				
POSITION HELD				
POSITION HELD BY	FILER			
ORGANIZATION	<u>, , , , , , , , , , , , , , , , , , , </u>			
POSITION HELD				
POSITION HELD BY	🗍 FILER			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

1-800-325-8506

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION PART 13

NOTAPPLICABLE

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

¹ PROVIDER	NAME AND ADDRESS			
² AMOUNT				
PROVIDER	NAME AND ADDRESS			
AMOUNT				
PROVIDER	NAME AND ADDRESS			
AMOUNT				
PROVIDER	NAME AND ADDRESS			
AMOUNT				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

1-800-325-8506

INTEREST IN BUSIN	ESS IN COM	MON WITH L	OBBYIST PART 14		
sional association, joint venture, or	other business ass person registered as	ociation, other than a part of a lobbyist under chapte	partnership, professional corporation, profes publicly-held corporation, in which you, you er 305 of the Government Code that both have		
¹ BUSINESS ENTITY		NAME A	ND ADDRESS		
² INTEREST HELD BY					
BUSINESS ENTITY		NAME A	ND ADDRESS		
INTEREST HELD BY					
BUSINESS ENTITY		NAME A	ND ADDRESS		
			• .		
INTEREST HELD BY			DEPENDENT CHILD		
BUSINESS ENTITY		NAME AN	ND ADDRESS		
INTEREST HELD BY					
BUSINESS ENTITY	NAME AND ADDRESS				
INTEREST HELD BY					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Texas Ethics Commission

Austin, Texas 78711-2070

(512) 463-5800

PART 15

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

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

¹ PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
² FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				· · · · · · · · · · · · · · · · · · ·
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	State \$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Commission

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

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	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED		•		
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

I.

BENEFIT

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	1-800-325-850
		INCTIONS HONORI	NG	PART 17
to a benefit derived from a f of the Government Code of reported in the statement a activities in connection with	unction in honor or appre r title 15 of the Election C and 2) the benefit is used n the office which are nor d by the public servant un	gift prohibitions set out in section ciation of a public servant require ode if the benefit and the source of solely to defray expenses that a preimbursable by the state or a po der title 15 of the Election Code, the E.	d to file a statement ur of any benefit over \$50 occrue in the performa plitical subdivision. If s	der chapter 572) in value are: 1) ince of duties or such a benefit is
¹ SOURCE OF BENEFIT		NAME AND ADDRESS	, , , , , , , , , , , , , , , , , , ,	· ·
² BENEFIT				
SOURCE OF BENEFIT		NAME AND ADDRESS		
BENEFIT				
SOURCE OF BENEFIT		NAME AND ADDRESS		
BENEFIT				
SOURCE OF BENEFIT		NAME AND ADDRESS	· · · · · · · · · · · · · · · · · · ·	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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

(512) 463-5800 1

1-800-325-8506

PART 18

LEGISLATIVE CONTINUANCES

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				
WAS CONTINUANCE GRANTED?				
DATE OF CONTINUANCE APPLICATION				
STYLE, CAUSE NUMBER, COURT, & JURISDICTION				
DATE RETAINED			· · · · · · · · · · · · · · · · · · ·	
NAME OF PARTY REPRESENTED				
5 WAS CONTINUANCE GRANTED?		□ NO		
4 DATE OF CONTINUANCE APPLICATION				
³ STYLE, CAUSE NUMBER, COURT & JURISDICTION				
² DATE RETAINED				
1 NAME OF PARTY REPRESENTED				

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

> I swear, or affirm, 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 be	efore me, by t	he said MIKe	Martinez	, this the	9	day	of
			ness my hand and se				

Reyna Ruiz

Admin >pecialis+

Signature of officer administering oath a

Print name of officer administering oath

Title of officer administering oath

 ${\bf f} \rightarrow$

.

PERSON	AL FINANCIAL STATEMENT		FORM PFS COVER SHEET
For filings requ	n accordance with chapter 572 of the Government Code. Jired in 2010, covering calendar year ending December 31, 2009. RM PFS–INSTRUCTION GUIDE when completing this form.	TOTAL NUMBER C	PAGES FILED:
1 NAME	TITLE; FIRST; MI Mike W. NICKNAME; LAST; SUFFIX Marfinez	OFF Date Received	OSTINCITY C OSTING: DATE, DER 30 PT
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ら229 Tower Trail Aushin, TX 787-23 (CHECK IF FILER'S HOME ADDRESS)	Receipt # HD / PM	Amount
³ TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (S12) 928 - 2182	Date Processed	
⁴ REASON FOR FILING STATEMENT	Council Member - Pla Appointed officer EXECUTIVE HEAD FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR OTHER		(INDICATE AGENCY)
dependent children	hose financial activity you are reporting (filer must report information about the if the filer had actual control over that activity): HILD 1		
	18, you will disclose your financial activity during the preceding calendar not only your own financial activity, but also that of your spouse or a dependent nancial activity. COPY AND ATTACH ADDITIONAL PAGES AS NI	endent child if	you had actual control

Texas	Eth	nics	Col	mmis	ssion	ŀ
~			~		~	

۲

SOURCES OF OCCU	PATIONAL	INCOME	PART 1A
When reporting information about providing the number under which			he child about whom you are reporting by
¹ INFORMATION RELATES TO			
² EMPLOYMENT			FEMPLOYER/POSITION HELD iller's Home Address)
) 4	City of Au O. Box 10	5h1 188
		wshin, TX 7	8767
SELF-EMPLOYED		Council M	1ember
INFORMATION RELATES TO			
EMPLOYMENT			FEMPLOYER / POSITION HELD iler's Home Address)
		NATURE (DF OCCUPATION
INFORMATION RELATES TO			
EMPLOYMENT			F EMPLOYER / POSITION HELD Her's Home Address)
			DF OCCUPATION
COPY A	ND ATTACH A	DDITIONAL PAGES A	S NECESSARY

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

PART 1B

RETAINERS

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

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

¹ FEE RECEIVED FROM	NAME AND ADDRESS
² FEE RECEIVED BY	NAME OF BUSINESS
³ FEE AMOUNT	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS
FEE AMOUNT	LESS THAN \$5,000 S5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
COPY A	ND 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.

¹ BUSINESS ENTITY			N	AME	· · · · · · · · · · · · · · · · · · ·
² STOCK HELD OF	R ACQUIRED BY				LD
³ NUMBER OF SH	ARES	LESS THAN 100	🗌 100 ТО 499	500 TO 999	1,000 TO 4,999
		🔲 5,000 ТО 9,999	10,000 OR MOR	E	
4 IF SOLD		LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	\$25,000OR MORE
BUSINESS ENTITY			N/	AME	
STOCK HELD OF	R ACQUIRED BY				LD
NUMBER OF SH	ARES	LESS THAN 100	🔲 100 TO 499	🔲 500 TO 999	🔲 1,000 TO 4,999
		🔲 5,000 ТО 9,999	10,000 OR MOR	E	
IF SOLD		LESS THAN \$5,000	□ \$5,000\$9,999	10,000\$24,999	S25,000OR MORE
			·		
BUSINESS ENTI	ΓY		N/	ME	
STOCK HELD OF	R ACQUIRED BY	Filer			LD
NUMBER OF SH	ARES	LESS THAN 100	🗌 100 ТО 499	🗍 500 TO 999	1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MORE		
IF SOLD		LESS THAN \$5,000	\$5,000\$9,99	\$10,000\$24,999	S25,000OR MORE
49 × 7 · · · · · · · · · · · · · · · · · ·					*
BUSINESS ENTI	ΓY		NA	ME	
STOCK HELD OF	ACQUIRED BY				_D
NUMBER OF SH	ARES	LESS THAN 100	🗍 100 TO 499	🔲 500 ТО 999	1,000 TO 4,999
		🔲 5,000 ТО 9,999	10,000 OR MOR	E	
IF SOLD		LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	S \$25,000-OR MORE
BUSINESS ENTI	ΓY		NA	ME	· · · · · · · · · · · · · · · · · · ·
STOCK HELD OF	ACQUIRED BY		SPOUSE		.D
NUMBER OF SH	ARES	LESS THAN 100	100 TO 499	☐ 500 TO 999	1,000 TO 4,999
		🔲 5,000 ТО 9,999	10,000 OR MOR	E	
IF SOLD		LESS THAN \$5,000	5,000\$9,999	\$10,000\$24,999	325,000OR MORE
	COPY	AND ATTACH ADDITIO	NAL PAGES AS NEO	CESSARY	

,

,

Austin, Texas 78711-2070

BONDS, NOTES & O	THER COMMERCIAL PAPER PART 3
	nmercial paper held or acquired by you, your spouse, or a dependent child during the le category of the amount of the net gain or loss realized from the sale. For more RUCTION GUIDE.
	t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.
1 DESCRIPTION OF INSTRUMENT	
² HELD OR ACQUIRED BY	
3 IF SOLD	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	
	☐ LESS THAN \$5,000
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	
IF SOLD	☐ LESS THAN \$5,000
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commiss	ion P.O. E	lox 12070 Aust	in, Texas 78711-20	70 (512)463	-5800 1-800-3
MUTUAL FL	JNDS				PAF
	ABLE				
acquired during the some or all of the sh from the sale. For n When reporting inf	calendar year an ares of a mutual fu nore information, s formation about a	er of shares in that mu d indicate the categor und were sold, also inc ee FORM PFSINST a dependent child's a e child is listed on the 0	ry of the number of a dicate the category of RUCTION GUIDE.	shares of mutual fun of the amount of the r	nd's held or acquii net gain or loss re
1 MUTUAL FUND			Ň	AME	
		America	n Centur	y Ultra	Fund
² SHARES OF MUTU HELD OR ACQUIR!					ILD
3 NUMBER OF SHAR	ES	LESS THAN 100	☐ 100 TO 499	500 TO 999	1,000 TO 4,99
OF MUTUAL FUND		🔲 5,000 ТО 9,999	10,000 OR MOF	RE	
4 IF SOLD) [] \$5,000\$9,999	\$10,000-\$24,999	☐ \$25,000OR M
		LESS THAN \$5,000	n ⊡ 4 0'000⊅a'aaa	<u> </u>	
MUTUAL FUND				ME	
		MFS Ma:	ssachusett	ts Investors	Gouth F
SHARES OF MUTU HELD OR ACQUIRE					LD
NUMBER OF SHAR	ES	LESS THAN 100	🗌 100 TO 499	500 TO 999	[] 1,000 TO 4,99
UF MUTUAL FUND		🔲 5,000 ТО 9,999	10,000 OR MOR	RE	
IF SOLD		LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	[] \$25,000-OR N
MUTUAL FUND	<u> </u>		NA	ME	
		Aliana Be	ernstein h	Jealth Stra	tegits
SHARES OF MUTU HELD OR ACQUIRE					LD
NUMBER OF SHAR	ES	LESS THAN 100	100 TO 499	🔲 500 ТО 999	X 1,000 TO 4,99
OF MUTUAL FUND		🔲 5,000 ТО 9,999	10,000 OR MOR	RE	
IF SOLD				\$10,000-\$24,999	□ \$25.000OR M
		LESS THAN \$5,000	<u> </u>		

. .

.

,

.

Austin, Texas 78711-2070

1-800-325-8506

INCOME FROM INTE	REST, DIVIDI	ENDS, ROYA	LTIES & RENTS PART 5
	ents during the calenda	r year and indicate the	I <i>in excess of \$500</i> that was derived from e category of the amount of the income. For
When reporting information about providing the number under which			e child about whom you are reporting by
¹ SOURCE OF INCOME		NAME AN	D ADDRESS
² RECEIVED BY			
3 AMOUNT	5500\$4,999	\$5,000-\$9,99	☐ \$10,000\$24,999
SOURCE OF INCOME		NAME ANI	D ADDRESS
RECEIVED BY			
AMOUNT	\$ 500\$4,999	\$ 5,000–\$9,999	S10,000\$24,999 \$25,000OR MORE
SOURCE OF INCOME		NAME AND	DADDRESS .
RECEIVED BY			
AMOUNT	\$500-\$4,999	\$5,000-\$9,999	S10,000\$24,999 S25,000OR MORE
COPY A	ND ATTACH ADDI	NONAL PAGES AS	NECESSARY

.

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

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

NOT APPLICABLE

a dependent child had a total fina	ncial liability of more t alendar year and indica	han \$1,000 in the for	ution to whom you, your spouse, or m of a personal note or notes or lease amount of the liability. For more informa-
When reporting information about providing the number under which t			child about whom you are reporting by
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	University) Federal (Credit Union
² LIABILITY OF	Filer		
³ GUARANTOR			

4 AMOUNT	\$ \$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
LIABILITY OF			
GUARANTOR		_	
AMOUNT	[] \$1,000\$4,99 9	\$5,000\$9,999	S10,000\$24,999 S25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			
HOLDING NOTE OR			DEPENDENT CHILD
HOLDING NOTE OR LEASE AGREEMENT	Filer		DEPENDENT CHILD
HOLDING NOTE OR LEASE AGREEMENT	☐ FILER	SPOUSE	DEPENDENT CHILD DEPENDENT CHILD \$10,000\$24,999 \$25,000OR MORE

.

.

(512) 463-5800 1-

1-800-325-8506

INTERESTS IN REAL PROPERTY

PART 7A

NOTAPPLICABLE

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

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

¹ HELD OR ACQUIRED BY			
STREETADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS		STREET ADDRESS, INCLUDI	NG CITY, COUNTY, AND STATE
³ DESCRIPTION LOTS ACRES	NUMB	R OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCATED
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)			
⁵ IF SOLD NET GAIN NET LOSS	□ LESS THAN \$5,000	5,000-\$9,999	\$ 10,000\$24,999 \$ 25,000OR MORE
HELD OR ACQUIRED BY		SPOUSE	
STREETADDRESS		STREET ADDRESS, INCLUDIN	IG CITY, COUNTY, AND STATE
			IG CITY, COUNTY, AND STATE
NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS DESCRIPTION LOTS ACRES NAMES OF PERSONS RETAINING AN INTEREST NOTAPPLICABLE	NUMBE	R OF LOTS OR ACRES AND	

Austin,	Texas	78711-2070

(512) 463-5800

1-800-325-8506

INTERESTS IN BUSINESS ENTITIES

PART 7B

NOTAPPLICABLE

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

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

¹ HELD OR ACQUIRED BY			
² DESCRIPTION	NAME AND ADDRESS		
³ IF SOLD	☐ LESS THAN \$5,000		
HELD OR ACQUIRED BY			
DESCRIPTION	NAME AND ADDRESS		
IF SOLD	☐ LESS THAN \$5,000		
HELD OR ACQUIRED BY			
DESCRIPTION	NAME AND ADDRESS		
IF SOLD	☐ LESS THAN \$5,000		
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY		
	Revised 10/01/2009		

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800 1-800

PART 8

GIFTS

NOTAPPLICABLE

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

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

	•		
¹ DONOR	Anti - Defamation League 605 Third Ave. New York, NY 10158-3560		
² RECIPIENT			
3 DESCRIPTION OF GIFT	ADL Hispanic Leadership Mission to Israel \$3,\$90.40		
DONOR	NAME AND ADDRESS		
RECIPIENT			
DESCRIPTION OF GIFT			
DONOR	NAME AND ADDRESS		
RECIPIENT			
DESCRIPTION OF GIFT			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

.

,

P.O. Box 12070

Austin, Texas 78711-2070

TRUST INCOME				PART 9
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 <i>more than \$500</i> in income, if the identity of the asset is known. For more information, see FORM PFSINSTRUCTION GUIDE.				
When reporting information about providing the number under which t			child about whom	you are reporting by
¹ SOURCE		NAME C	OF TRUST	
² BENEFICIARY				CHILD
³ INCOME	LESS THAN \$5,000	5,000– \$9,999	\$10,000\$24,999	S25,000OR MORE
⁴ ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE		NAME C	OF TRUST	· ·
BENEFICIARY				HILD
INCOME	LESS THAN \$5,000	\$5,000-\$9,99	5 \$10,000\$24,999	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
SOURCE		NAME C	F TRUST	
BENEFICIARY				HILD
INCOME	LESS THAN \$5,000	[] \$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Co	ommission
-----------------	-----------

.

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

BLIND TRUSTS			PART 10A		
Identify each blind trust that compli GUIDE.	Identify each blind trust that complies with section 572.023(c) of the Government Code. See FORM PFSINSTRUCTION GUIDE.				
When reporting information about providing the number under which			e child about whom you are reporting by		
¹ NAME OF TRUST					
² TRUSTEE		NAME A	ND ADDRESS		
³ BENEFICIARY					
⁴ FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE		
⁵ DATE CREATED					
NAME OF TRUST					
TRUSTEE	NAME AND ADDRESS				
BENEFICIARY					
FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	□ \$10,000\$24,999 □ \$25,000OR MORE		
DATE CREATED					
NAME OF TRUST	· ·				
TRUSTEE		NAME AN	ND ADDRESS		
BENEFICIARY					
FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE		
DATE CREATED					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

TRUSTEE STATEMENT

PART **10B**

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

1	NAME OF TRUST	
2	TRUSTEE NAME	
3	FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME
4	TRUSTEE STATEMENT	I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code.

Trustee Signature

§ 572.023. Contents of Financial Statement in General

(b) The account of financial activity consists of:

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

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

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

(B) the date the trust was created;

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

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

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

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

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

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

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

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

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

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

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

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a 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.

providing the number unde			
¹ BUSINESS ASSOCIATION	NAME AND ADDRESS		
² BUSINESS TYPE			
³ HELD, ACQUIRED, OR SOLD BY			
⁴ ASSETS	DE	SCRIPTION	CATEGORY
			LESS THAN \$5,000 🗌 \$5,000\$9,999
			□ \$10,000\$24,999 □ \$25,000OR MORE
			LESS THAN \$5,000 🔲 \$5,000\$9,999
			□ \$10,000-\$24,999 □ \$25,000-OR MORE
		•••••	
			LESS THAN \$5,000 🗌 \$5,000\$9,999
			□ \$10,000\$24,999 □ \$25,000OR MORE
			LESS THAN \$5,000 🗌 \$5,000\$9,999
			□ \$10,000-\$24,999 □ \$25,000-OR MORE
			🗌 LESS THAN \$5,000 🗌 \$5,000\$9,999
			□ \$10,000\$24,999 □ \$25,000OR MORE
			LESS THAN \$5,000 \$5,000\$9,999
			│
			🗌 LESS THAN \$5,000 🔲 \$5,000\$9,999
			☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE
			🗌 LESS THAN \$5,000 🗌 \$5,000\$9,999
			S10,000-\$24,999 \$25,000OR MORE
C	OPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY

LIABILITIES OF BUSINESS ASSOCIATIONS PART 11B NOTAPPLICABLE Γ**X** 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. NAME AND ADDRESS BUSINESS (Check If Filer's Home Address) ASSOCIATION ² BUSINESS TYPE ³ HELD, ACQUIRED, FILER SPOUSE DEPENDENT CHILD -**OR SOLD BY** DESCRIPTION CATEGORY LIABILITIES LESS THAN \$5,000 🗌 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 S5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5.000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 🗌 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 S5,000--\$9,999 \$10,000-\$24,999 \$25,000--OR MORE LESS THAN \$5,000 🗌 \$5,000--\$9,999 \$10.000--\$24.999 \$25.000--OR MORE LESS THAN \$5,000 S5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 🗌 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE COPY AND 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.

¹ ORGANIZATION	Austin Fire Fighters Fund		
² POSITION HELD	Board Member		
³ POSITION HELD BY			
ORGANIZATION	Capital Metro Bood of Directors		
POSITION HELD	Board Member		
POSITION HELD BY			
ORGANIZATION	First Night Austin Board of Directurs		
POSITION HELD	Board Menber		
POSITION HELD BY			
ORGANIZATION	Community Shares ATexas,		
POSITION HELD	At-large Board Member		
POSITION HELD BY			
ORGANIZATION	Center for Child Protection-Friends of Christopher Guild		
POSITION HELD	Board Member		
POSITION HELD BY	FILER SPOUSE DEPENDENT CHILD		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION PART 13

NOTAPPLICABLE

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

¹ PROVIDER	NAME AND ADDRESS
² AMOUNT	
	NAME AND ADDRESS
PROVIDER	
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
FROVIDER	
AMOUNT	
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST PART 14					
Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, profes- sional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFSINSTRUCTION GUIDE.					
¹ BUSINESS ENTITY		NAME AJ	ND ADDRESS		
² INTEREST HELD BY					
BUSINESS ENTITY	NAME AND ADDRESS				
·			· · · · · · · · · · · · · · · · · · ·		
INTEREST HELD BY					
BUSINESS ENTITY		NAME AN	ND ADDRESS		
INTEREST HELD BY					
BUSINESS ENTITY	- <u> </u>	NAME AN	ID ADDRESS		
INTEREST HELD BY	🗌 FILER				
BUSINESS ENTITY	NAME AND ADDRESS				
INTEREST HELD BY					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

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

PART 15

FEES	RECEIVE	DFOR	SERVICE	ES REN	IDERED
TOAL		TORLO)BBYIST	'S EMF	LOYER

NOTAPPLICABLE

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

¹ PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED			· · · · · · · · · · · · · · · · · · ·	
² FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,99 9	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED			· · · · · · · · · · · · · · · · · · ·	
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000- \$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED			· · ·	
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	S25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	·			
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED			<u></u>	
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

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	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				,
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
STATE AGENCY	· · · · · · · · · · · · · · · · · · ·			
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
COPY AN	ND ATTACH ADDITIO	NAL PAGES AS	NECESSARY	
				Revised 10/01/2009

Texas Ethic	s Commission
-------------	--------------

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS–INSTRUCTION GUIDE.

¹ SOURCE OF BENEFIT	NAME AND ADDRESS			
,				
2				
BENEFIT				
	·			
SOURCE OF BENEFIT	NAME AND ADDRESS			
BENEFIT				
DENEFII				
	NAME AND ADDRESS			
SOURCE OF BENEFIT				
	· · · · · · · · · · · · · · · · · · ·			
BENEFIT				
	NAME AND ADDRESS			
SOURCE OF BENEFIT				
	· · · · · · · · · · · · · · · · · · ·			
BENEFIT				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

LEGISLATIVE CONT	LEGISLATIVE CONTINUANCES PART 18					
	•		_			
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?	U YES					
NAME OF PARTY REPRESENTED						
DATE RETAINED		V				
STYLE, CAUSE NUMBER, COURT, & JURISDICTION						
DATE OF CONTINUANCE APPLICATION						
WAS CONTINUANCE GRANTED?	☐ YES					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

.

Texas Ethics Commission

(512) 463-5800

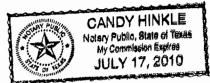
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

> I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2009, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Mile Mitine 2 this the 30^{4} day of 20 10

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

Canch

Signature of officer administering oath

Print name of officer administering oath

(512)4

63-5800	(TDD 1-800-735-2989)			

PERSON	AL FINANCIAL STATEMENT	FORM PFS			
	*	COVER SHEET			
For filings requ	n accordance with chapter 572 of the Government Code. uired in 2011, covering calendar year ending December 31, 2010. M PFSINSTRUCTION GUIDE when completing this form.	TOTAL NUMBER OF PAGES FILED:			
1 NAME	TITLE; FIRST; MI	OFFICE USE ONLY			
	Mike W. NickNAME; LAST; SUFFIX Marfinez	Date Received AUSTIN RE			
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
7.227.200	5229 Tower Trail	A CITY ECEIVI			
	Austin, TX 78723	Receipt #			
	(CHECK IF FILER'S HOME ADDRESS)				
³ TELEPHONE	AREA CODE PHONE NUMBER; EXTENSION	Date Processed			
NUMBER	(512) 928-2182	Date Imaged			
⁴ REASON FOR FILING STATEMENT ⁵ Emiliary Statement					
dependent children	hose financial activity you are reporting (filer must report information about the if the filer had actual control over that activity):	financial activity of the filer's spouse or			
SPOUSE					
DEPENDENT C	HILD 1				
2					
3					
In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity.					

mar¹⁰ 1.0 A.

www.ethics.state.tx.us

Revised 11/17/2010

(512) 463-5800

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					
² EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD				
	City of Austin P.O. Box 1088				
SELF-EMPLOYED	Austin, TX 78767 NATURE OF OCCUPATION Council Member				
INFORMATION RELATES TO					
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD				
EMPLOYED BY ANOTHER					
	NATURE OF OCCUPATION				
INFORMATION RELATES TO					
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD (Check If Filer's Home Address)				
EMPLOYED BY ANOTHER					
	NATURE OF OCCUPATION				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

www.ethics.state.tx.us

PART 1B

RETAINERS

NOTAPPLICABLE

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

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

¹ FEE RECEIVED FROM	NAME AND ADDRESS		
² FEE RECEIVED BY	NAME OF BUSINESS		
³ FEE AMOUNT	LESS THAN \$5,000 🗍 \$5,000\$9,999 🗌 \$10,000-\$24,999 🗌 \$25,000OR MORE		
FEE RECEIVED FROM	NAME AND ADDRESS		
FEE RECEIVED BY	NAME OF BUSINESS		
FEE AMOUNT	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

www.ethics.state.tx.us

Revised 11/17/2010

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

PART 2

STOCK

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

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

¹ BUSINESS ENTITY		NAME			
² STOCK HELD OR	ACQUIRED BY		SPOUSE	DEPENDENT CHI	LD
³ NUMBER OF SHA	ARES	LESS THAN 100	🗌 100 TO 499	🗍 500 TO 999	🔲 1,000 ТО 4,999
		5,000 TO 9,999	10,000 OR MOR	E.	
4 IF SOLD	NET GAIN	LESS THAN \$5,000	□ \$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE
BUSINESS ENTIT	Ŷ		Nź	AME	
STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE		_D
NUMBER OF SHA	ARES	LESS THAN 100	100 TO 499	🗍 500 ТО 999	1,000 TO 4,999
		🔲 5,000 ТО 9,999	10,000 OR MOR	E	
IF SOLD		LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
BUSINESS ENTIT	Ŷ		NA	ME	
STOCK HELD OR	ACQUIRED BY				
NUMBER OF SHA	ARES	LESS THAN 100	☐ 100 TO 499	└_] 500 TO 999	☐ 1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD		LESS THAN \$5,000	5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
BUSINESS ENTIT	Ŷ		NA	ME	
STOCK HELD OR	ACQUIRED BY				.D
NUMBER OF SHA	ARES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		🔲 5,000 ТО 9,999	10,000 OR MOR	E	
IF SOLD		LESS THAN \$5,000	5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
			· · · · · · · · · · · · · · · · · · ·		
BUSINESS ENTITY		<u> </u>	NA	ME	
STOCK HELD OR	ACQUIRED BY				.D
NUMBER OF SHA	RES	LESS THAN 100	100 TO 499	500 TO 999	1,000 TO 4,999
		5,000 TO 9,999	10,000 OR MOR	E	
IF SOLD		LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
	COPY	AND ATTACH ADDITION	AL PAGES AS NEC	CESSARY	

www.ethics.state.tx.us

BONDS, NOTES & OTHER COMMERCIAL PAPER PART 3 X NOTAPPLICABLE List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 DESCRIPTION OF INSTRUMENT 2 HELD OR ACQUIRED BY FILER SPOUSE DEPENDENT CHILD _____ 3 IF SOLD LESS THAN \$5,000 S5,000--\$9,999 \$10,000-\$24,999 \$25,000--OR MORE NET GAIN □ NET LOSS DESCRIPTION **OF INSTRUMENT** HELD OR ACQUIRED BY FILER SPOUSE DEPENDENT CHILD 4 + 1 - 6 IF SOLD LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE I NET GAIN □ NET LOSS DESCRIPTION OF INSTRUMENT HELD OR ACQUIRED BY **FILER** SPOUSE DEPENDENT CHILD _____ IF SOLD LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE NET GAIN □ NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800 (TDI

MUTUAL FU	JNDS			PART 4
	CABLE			
acquired during the some or all of the sh	List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held o acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. I 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 PFSINSTRUCTION GUIDE.			
		dependent child's ac child is listed on the C		child about whom you are reporting by
1 MUTUAL FUND			NA	ME
		America	n Center	Ultra Fund
² SHARES OF MUTL HELD OR ACQUIR				DEPENDENT CHILD
3 NUMBER OF SHAF OF MUTUAL FUND		LESS THAN 100	100 TO 499	[] 500 ТО 999 [] 1,000 ТО 4,999 Е
4 IF SOLD	NET GAIN	LESS THAN \$5,000	5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
MUTUAL FUND		MFSI	MASS. In	westons Growth Fund
SHARES OF MUTU HELD OR ACQUIR		Filer		
NUMBER OF SHAF OF MUTUAL FUND		X LESS THAN 100	100 TO 499	☐ 500 TO 999 ☐ 1,000 TO 4,999 Е
IF SOLD	NET GAIN	UESS THAN \$5,000	L \$5,000\$9,999	□ \$10,000\$24,999 □ \$25,000OR MORE
MUTUAL FUND			NA	ME
	· · · · · · · · · · · · · · · · · · ·	Allanck	Bernste	in Wealth Sheatiques
SHARES OF MUTL HELD OR ACQUIR		Filer		
NUMBER OF SHARES OF MUTUAL FUND		LESS THAN 100	100 TO 499	🗌 500 ТО 999 🔲 1,000 ТО 4,999 Е
IF SOLD	□ NET GAIN	UESS THAN \$5,000	5 ,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
	COPY	AND ATTACH ADDITIO	NAL PAGES AS NE	CESSARY

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5

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

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

¹ SOURCE OF INCOME	NAME AND ADDRESS			
	- - -			
² RECEIVED BY		SPOUSE		
³ AMOUNT	□ \$500\$4,999	5,000\$9,999	□ \$10,000\$24,999 □ \$25,000OR MORE	
SOURCE OF INCOME	NAME AND ADDRESS			
		- · · ·		
RECEIVED BY			DEPENDENT CHILD	
AMOUNT	() \$500\$4,999	[] \$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE	
SOURCE OF INCOME	NAME AND ADDRESS			
RECEIVED BY				
AMOUNT	\$500- \$4,999	\$5,000\$9,999	□ \$10,000\$24,999 □ \$25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

www.ethics.state.tx.us

NOTAPPLICABLE				
Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS–INSTRUCTION GUIDE.				
When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.				
1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	University Federal Caedit Union			
² LIABILITY OF				
³ GUARANTOR	Milke Mantinez			
4 AMOUNT	□ \$1,000\$4,999 □ \$5,000\$9,999 \$10,000\$24,999 □ \$25,000OR MORE			
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Chase Manhatten			
LIABILITY OF	A FILER SPOUSE DEPENDENT CHILD			
GUARANTOR	Milce Montinez - Long Wendler			
AMOUNT	□ \$1,000\$4,999 □ \$5,000\$9,999 □ \$10,000\$24,999 🗹 \$25,000OR MORE			
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Prosperity Bank			
LIABILITY OF				
GUARANTOR	Mike Martiner - Lana Wendlen			
AMOUNT	□\$1,000\$4,999 □\$5,000\$9,999 □\$10,000\$24,999 □ \$25,000OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

(512) 463-5800

(TDD 1-800-735-2989)

PART 6

P.O. Box 12070

PERSONAL NOTES AND LEASE AGREEMENTS

Texas Ethics Commission

www.ethics.state.tx.us

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

INTERESTS IN REAL PROPERTY

NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from 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				
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 5229 . TOWER TRAIL, 79723			
BESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED			
 A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST) IF SOLD NET GAIN NET LOSS 	LARA Mike Martinez - Wendler LESS THAN \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000 - OR MORE			
HELD OR ACQUIRED BY				
STREET ADDRESS	2314 EAST 11th Street			
	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED			
NAMES OF PERSONS RETAINING AN INTEREST	Milce MARTHNEZ - LARA Wendler			
IF SOLD	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

www.ethics.state.tx.us

Revised 11/17/2010

(512) 463-5800

INTERESTS IN BUSINESS ENTITIES

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

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

¹ HELD OR ACQUIRED BY				
² DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address)			
³ IF SOLD	☐ LESS THAN \$5,000			
HELD OR ACQUIRED BY				
DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address)			
IF SOLD	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE			
HELD OR ACQUIRED BY				
DESCRIPTION	NAME AND ADDRESS			
IF SOLD	□ LESS THAN \$5,000 □ \$5,000\$9,999 □ \$10,000\$24,999 □ \$25,000OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				
www.ethics.state.tx.us Revised 11/17/2010				

D 1-000-735-2909

PART 8

GIFTS

X NOTAPPLICABLE

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

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

¹ DONOR		NAME AI	ND ADDRESS		
² RECIPIENT	Filer				
³ DESCRIPTION OF GIFT					
ponor		NAME AP	ND ADDRESS		
RECIPIENT					
DESCRIPTION OF GIFT			·		
DONOR		NAME AN	ID ADDRESS		
RECIPIENT			DEPENDENT CHILD		
DESCRIPTION OF GIFT					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

www.ethics.state.tx.us

Revised 11/17/2010

Texas Ethics Commission P.O. Box 12070 (TDD 1-800-735-2989) Austin, Texas 78711-2070 (512) 463-5800 TRUST INCOME PART 9 NOTAPPLICABLE Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received more than \$500 in income, if the identity of the asset is known. For more information, see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME OF TRUST 1 SOURCE 2 BENEFICIARY FILER SPOUSE DEPENDENT CHILD _____ 3 INCOME LESS THAN \$5,000 S5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE 4 ASSETS FROM WHICH **OVER \$500 WAS RECEIVED** UNKNOWN NAME OF TRUST SOURCE DEPENDENT CHILD ____ BENEFICIARY FILER SPOUSE INCOME LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE ASSETS FROM WHICH **OVER \$500 WAS RECEIVED**

NAME OF TRUST SOURCE BENEFICIARY **FILER** SPOUSE DEPENDENT CHILD ____ INCOME LESS THAN \$5,000 S5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE ASSETS FROM WHICH **OVER \$500 WAS RECEIVED** UNKNOWN COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

www.ethics.state.tx.us

Texas Ethics Commission	P.O. Box 12070	Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)		
BLIND TRUSTS					PART 10A		
					ï		
Identify each blind trust that GUIDE.	Identify each blind trust that complies with section 572.023(c) of the Government Code. See FORM PFSINSTRUCTION GUIDE.						
	When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.						
¹ NAME OF TRUST							
² TRUSTEE			NAME A	ND ADDRESS			
³ BENEFICIARY					Child		
⁴ FAIR MARKET VALUE		THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE		
⁵ DATE CREATED							
NAME OF TRUST							
TRUSTEE			NAME A	ND ADDRESS			
.85° Y							
BENEFICIARY					CHILD		
FAIR MARKET VALUE		"HAN \$5,000	☐ \$5,000-\$9,999	\$10,000\$24,999	S25,000OR MORE		
DATE CREATED							
NAME OF TRUST							
TRUSTEE			NAME AN	D ADDRESS			
BENEFICIARY	FILER				CHILD		
FAIR MARKET VALUE		HAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE		
DATE CREATED							
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY							

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

PART 10B

TRUSTEE STATEMENT

NOTAPPLICABLE

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

1	NAME OF TRUST	
2	TRUSTEE NAME	
3	FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME
4	TRUSTEE STATEMENT	I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code.
	χ.	Trustee Signature

§ 572.023. Contents of Financial Statement in General

(b) The account of financial activity consists of:

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

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

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

(B) the date the trust was created;

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

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

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

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

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

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

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

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

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

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

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

٦.

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a 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			
² BUSINESS TYPE				
³ HELD, ACQUIRED, OR SOLD BY				CHILD
⁴ ASSETS	DES	CRIPTION	CATE	GORY
			\$10,000\$24,999	S25,000OR MORE
ene . gust			LESS THAN \$5,000	☐ \$5,000\$9,999 ☐ \$25,000OR MORE
		· · · · · · · · · · · · · · · · · · ·	LESS_THAN \$5,000	□ \$5,000\$9,999 □ \$25,000OR MORE
	· · · · · · · · · · · · · · · ·		LESS THAN \$5,000	□ \$5,000\$9,999 □ \$25,000OR MORE
			 LESS THAN \$5,000 \$10,000\$24,999	\$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	□ \$5,000\$9,999 □ \$25,000OR MORE
			LESS THAN \$5,000	□ \$5,000\$9,999 □ \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
С	OPY AND ATTACH	ADDITIONAL PAGES	AS NECESSARY	

www.ethics.state.tx.us

corporation, professional	association, joint ventur or sold 50 percent or mo	e, or other business ass re of the outstanding ow	ership, limited liability partnership, professional sociation in which you, your spouse, or a depen- nership and indicate the category of the amount		
	ion about a dependent	child's activity, indicat	e the child about whom you are reporting by		
¹ BUSINESS ASSOCIATION		NAME AND ADDRESS (Check If Filer's Home Address)			
² BUSINESS TYPE					
³ HELD, ACQUIRED, OR SOLD BY					
	DESC	RIPTION			
			LESS THAN \$5,000 \$5,000\$9,999		
			□ \$10,000\$24,999 □ \$25,000OR MORE · · · · ·		
			LESS THAN \$5,000 🗌 \$5,000\$9,999		
			□ \$10,000\$24,999 □ \$25,000OR MORE		
			LESS THAN \$5,000 \$5,000\$9,999		
			□ \$10,000\$24,999 □ \$25,000OR MORE		
			 LESS THAN \$5,000 \$5,000\$9,999		
			│ □ \$10,000\$24,999 □ \$25,000OR MORE		
			LESS THAN \$5,000 \$5,000-\$9,999		
			□ \$10,000\$24,999 □ \$25,000OR MORE		
			LESS THAN \$5,000 🗌 \$5,000\$9,999		
,			│ │		
			· · · · · · · · · · · · · · · · · · ·		
			LESS THAN \$5,000 🗌 \$5,000\$9,999		
			│ □ \$10,000\$24,999 □ \$25,000OR MORE		
			 LESS THAN \$5,000		
			↓ □ \$10,000\$24,999 □ \$25,000OR MORE		
	COPY AND ATTACH				
www.ethics.state.tx.us	COFT AND ATTACH	ADDITIONAL PAGES	Revised 11/17/2010		

(TDD 1-800-735-2989)

PART 11B

(512) 463-5800

P.O. Box 12070

LIABILITIES OF BUSINESS ASSOCIATIONS

Texas Ethics Commission

Austin, Texas 78711-2070

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.

¹ ORGANIZATION	(ADI	tal Metro				
² POSITION HELD	C.	tal Metro				
³ POSITION HELD BY	X FILER					
ORGANIZATION	Avs	the Freefight	uns Fund			
POSITION HELD	B	the Freefight	ber			
POSITION HELD BY	S FILER					
ORGANIZATION			······································			
POSITION HELD						
POSITION HELD BY						
ORGANIZATION						
POSITION HELD						
POSITION HELD BY						
ORGANIZATION						
POSITION HELD						
POSITION HELD BY						
C	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

www.ethics.state.tx.us

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION PART 13

NOTAPPLICABLE

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

¹ PROVIDER	NAME AND ADDRESS				
² AMOUNT					
PROVIDER	NAME AND ADDRESS				
AMOUNT					
PROVIDER	NAME AND ADDRESS				
AMOUNT					
PROVIDER	NAME AND ADDRESS				
AMOUNT					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 INTEREST IN BUSINESS IN COMMON WITH LOBBYIST PART 14 NOTAPPLICABLE Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE. NAME AND ADDRESS 1 **BUSINESS ENTITY** ² INTEREST HELD BY SPOUSE DEPENDENT CHILD ____ Filer NAME AND ADDRESS **BUSINESS ENTITY** 2 3 INTEREST HELD BY SPOUSE DEPENDENT CHILD ____ FILER NAME AND ADDRESS BUSINESS ENTITY

ingthe in the second				
INTEREST HELD BY				
BUSINESS ENTITY		NAME AN	ND ADDRESS	
INTEREST HELD BY				
BUSINESS ENTITY		NAME AN	ID ADDRESS	
INTEREST HELD BY				
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

www.ethics.state.tx.us

Texas Ethics Commission P.O.	Box 12070	Austin, Tex	kas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)	
FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYERPART 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 PFSINSTRUCTION GUIDE.						
¹ PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED						
² FEE CATEGORY		THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE	
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED						
FEE CATEGORY		THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE	
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED						
FEE CATEGORY		THAN \$5,000	5,000\$9,999	\$10,000\$24,999	S25,000OR MORE	
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED						
FEE CATEGORY		THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE	
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED						
FEE CATEGORY		THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE	
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED						
FEE CATEGORY		THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	S25,000OR MORE	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

Austin, Texas 78711-2070

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY

PART 16

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	S25,000OR MORE
STATE AGENCY	_			
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$ 5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
STATE AGENCY		_		<u>_</u>
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000\$24,999	\$25,000OR MORE
COPY AN	D ATTACH ADDITION	NAL PAGES AS	NECESSARY	

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

PART 17

BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

NOTAPPLICABLE

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS--INSTRUCTION GUIDE.

¹ SOURCE OF BENEFIT	NAME AND ADDRESS
² BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	· ·
C	OPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

www.ethics.state.tx.us

Austin, Texas 78711-2070

(512) 463-5800

LEGISLATIVE CONTINUANCES

PART 18

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				
NAME OF PARTY REPRESENTED					
DATE RETAINED			· .		
STYLE, CAUSE NUMBER, COURT, & JURISDICTION					
DATE OF CONTINUANCE APPLICATION					
WAS CONTINUANCE GRANTED?					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

www.ethics.state.tx.us

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2010, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said _

YVONNE SPENCE My Commission Expires July 01, 2014

MIKE Martinez, this the

29th day of

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

eneo

BENCR

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering eath