1

(512) 463-5800 P.O. Box 12070 FORM PFS PERSONAL FINANCIAL STATEMENT COVER SHEET TOTAL NUMBER OF PAGES FILED: Filed in accordance with chapter 572 of the Government Code. For filings required in 2006, covering calendar year ending December 31, 2005. ACCOUNT # Use FORM PFS-INSTRUCTION GUIDE when completing this form. OFFICE USE BILY-TITLE: FIRST: M! NAME Laure C OSTING: DATE, Date Received USTIN CITY CLE Morrison ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2 ADDRESS 610 Baylor St. Austin, TX 78703 Receipt # HD / PM AREA CODE PHONE NUMBER: EXTENSION **TELEPHONE** Date Processed NUMBER (5/2) 494-8702 Date Imaged X CANDIDATE Austin City Council, Place 4 (INDICATE OFFICE) REASON FOR FILING **STATEMENT** ELECTED OFFICER _____ APPOINTED OFFICER _______ (INDICATE AGENCY) EXECUTIVE HEAD FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR ______ Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity): SPOUSE Philip J. Morrison DEPENDENT CHILD 1. _____ 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.

SOURCES OF OCCU	PATIONA	LINCOME	PART 1A
NOTAPPLICABLE			
When reporting information about providing the number under which			the child about whom you are reporting by
1 INFORMATION RELATES TO	FILER	SPOUSE	DEPENDENT CHILD
² EMPLOYMENT		NAME AND ADDRESS (OF EMPLOYER / POSITION HELD
☐ EMPLOYED BY ANOTHER			
SELF-EMPLOYED	Cons	Sultant	OF OCCUPATION
INFORMATION RELATES TO	FILER	SPOUSE	DEPENDENT CHILD
EMPLOYMENT		NAME AND ADDRESS O	OF EMPLOYER / POSITION HELD
☐ EMPLOYED BY ANOTHER .			
SELF-EMPLOYED	·	NATURE (OF OCCUPATION
INFORMATION RELATES TO	FILER	SPOUSE	DEPENDENT CHILD
EMPLOYMENT		NAME AND ADDRESS OF	FEMPLOYER / POSITION HELD
☐ EMPLOYED BY ANOTHER			
SELF-EMPLOYED	·	NATURE O	F OCCUPATION
COPY AN	ID ATTACH A	DDITIONAL PAGES A	S NECESSARY

RETAINERS

PART 1B

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

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

providing the number under which	the child is listed on the Cover Sheet.	
FEE RECEIVED FROM	NAME AND ADDRESS	
FEE RECEIVED BY	NAME OF BUSINESS	
	SPOUSE 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	
PEE RECEIVED BY	FILER OR FILER'S BUSINESS SPOUSE 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		

NUMBER OF SHARES

☐ NET GAIN

☐ NET LOSS

IF SOLD

☐ 100 TO 499

☐ 10,000 OR MORE

\$5,000--\$9,999

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LESS THAN 100

5,000 TO 9,999

LESS THAN \$5,000

☑ 500 TO 999

1,000 TO 4,999

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

☐ NET GAIN

☐ NET LOSS

1-800-325-8506 (512) 463-5800 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission **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. **DESCRIPTION** OF INSTRUMENT HELD OR ACQUIRED BY SPOUSE DEPENDENT CHILD ____ FILER IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000--OR MORE ☐ NET GAIN ☐ NET LOSS DESCRIPTION OF INSTRUMENT HELD OR ACQUIRED BY SPOUSE DEPENDENT CHILD ____ ☐ FILER IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000--\$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 ☐ \$5,000--\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000--OR MORE

MUTUAL FUNDS				PART 4
NOTAPPLICABLE				
List each mutual fund and the number acquired during the calendar year ansome or all of the shares of a mutual further the sale. For more information, s	d indicate the category and were sold, also indi	of the number of cate the category of	shares of mutual fun	ids held or acquired. If
When reporting information about a providing the number under which the	dependent child's ac child is listed on the C	ctivity, indicate the over Sheet.	e child about whom	you are reporting by
1 MUTUAL FUND	American Fu		an Bolanced	! Furd
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CH	ILD
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499	□ 500 то 999	X 1,000 TO 4,999
OF MOTOAL FUND	□ 5,000 тО 9,999	10,000 OR MOR	RE	
4 IF SOLD	LESS THAN \$5,000	\$5,000\$9,999	\$10,000 \$24 ,999	\$25,000OR MORE
MUTUAL FUND	Americant	unds Grow	Th Fundof	4merica
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	LD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	№ 100 TO 499	□ 500 то 999	☐ 1,000 TO 4,999
OF WISTORET GRID	☐ 5,000 TO 9,999	☐ 10,000 OR MOF	RE	
IF SOLD	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000OR MORE
MUTUAL FUND	American F	iunds Inves	tment Comp	any of America
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	⊠ FILER	SPOUSE	DEPENDENT CHIL	LD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	⅓ 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	S25,000OR MORE
COPY	AND ATTACH ADDITIO	NAL PAGES AS NE	CESSARY	

MUTUAL F	UNDS			PART 4
☐ NOTAPPLI	ICABLE			
acquired during the some or all of the s	e calendar year and hares of a mutual fu	d indicate the category	of the number of s cate the category of	your spouse, or a dependent child held or shares of mutual funds held or acquired. If of the amount of the net gain or loss realized
		dependent child's ac child is listed on the C		e child about whom you are reporting by
1 MUTUAL FUND		AmericanFun		Fund of America
2 SHARES OF MUT HELD OR ACQUIR		FILER	⊠ SPOUSE	DEPENDENT CHILD
3 NUMBER OF SHA OF MUTUAL FUND		☐ LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOR	☐ 500 TO 999
4 IF SOLD	□ NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
MUTUAL FUND	,	AmericanFu	nds Capital	I Income Builder Fund
SHARES OF MUTU HELD OR ACQUIR		X FILER	⊠ SPOUSE	DEPENDENT CHILD
NUMBER OF SHAP OF MUTUAL FUND		☐ LESS THAN 100	☐ 100 TO 499	№ 500 TO 999
IF SOLD	☐ NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999 \$25,000OR MORE
MUTUAL FUND		American Fun	ds Capital	World Growth + Income Fund
SHARES OF MUTU HELD OR ACQUIR		⊠ FILER	X SPOUSE	DEPENDENT CHILD
NUMBER OF SHAF OF MUTUAL FUND	_	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999
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	IAL PAGES AS NE	CESSARY

MUTUALF	UNDS				PART 4
NOTAPPLI	CABLE				
acquired during the some or all of the s	e calendar year an hares of a mutual fi	d indicate the category	of the number of cate the category	shares of mutual fur	lependent child held or nds held or acquired. If net gain or loss realized
		dependent child's ac child is listed on the C		e child about whom	you are reporting by
1 MUTUAL FUND		AIM Mid		ame Equity Fund	d
2 SHARES OF MUTO HELD OR ACQUIR		X FILER	SPOUSE	DEPENDENT CH	łLD
3 NUMBER OF SHA		LESS THAN 100	☐ 100 TO 499	🔀 500 ТО 999	1,000 TO 4,999
OF MUTUAL FUND		☐ 5,000 TO 9,999	☐ 10,000 OR MO	RE	
4 IFSOLD	☐ NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000 - \$24,999	\$25,000OR MORE
MUTUAL FUND		DWS Globa		ame nities Fund	L
SHARES OF MUTU HELD OR ACQUIR		X) FILER	SPOUSE	DEPENDENT CHI	LD
NUMBER OF SHAP		LESS THAN 100	100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
OF MOTOAL FOND	,	☐ 5,000 TO 9,999	☐ 10,000 OR MOF	RE	
IF SOLD	☐ NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000OR MORE
MUTUAL FUND		00 5 5 7		ME	
,		MFS Stra	tegle Val	lue tund	
SHARES OF MUTL HELD OR ACQUIR		FILER	SPOUSE	DEPENDENT CHIL	LD
NUMBER OF SHAR		LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	双 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	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Texas Ethics Commission

MUTUAL FUNDS PART 4 NOT APPLICABLE List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 MUTUAL FUND American Funds New World Fund 2 SHARES OF MUTUAL FUND FILER ☐ SPOUSE DEPENDENT CHILD ___ HELD OR ACQUIRED BY 3 NUMBER OF SHARES 100 TO 499 ☐ 500 TO 999 LESS THAN 100 __ 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 ☐ 10,000 OR MORE 4 IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$5,000--\$9,999 \$10,000-\$24,999 \$25,000--OR MORE ☐ NET LOSS **MUTUAL FUND** Oppenheimer Developing Markets Fund SHARES OF MUTUAL FUND X SPOUSE 🗹 FILER ☐ DEPENDENT CHILD HELD OR ACQUIRED BY NUMBER OF SHARES LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 X 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 ☐ 10,000 OR MORE IF SOLD ☐ NET GAIN \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 ☐ NET LOSS MUTUAL FUND Oppenheimer International Bond Fund SHARES OF MUTUAL FUND X FILER X SPOUSE DEPENDENT CHILD _ HELD OR ACQUIRED BY NUMBER OF SHARES LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 X 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 ☐ 10,000 OR MORE IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$5,000--\$9,999 \$10,000-\$24,999 \$25,000--OR MORE ☐ NET LOSS COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Austin, Texas 78711-2070

☐ NET LOSS

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 Texas Ethics Commission MUTUAL FUNDS NOTAPPLICABLE List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. 1 MUTUAL FUND PIMCO Emerging Markets Bond Fund 2 SHARES OF MUTUAL FUND X FILER X SPOUSE DEPENDENT CHILD ___ HELD OR ACQUIRED BY 3 NUMBER OF SHARES ☐ 500 TO 999 1,000 TO 4,999 100 TO 499 LESS THAN 100 OF MUTUAL FUND ☐ 10,000 OR MORE 5,000 TO 9,999 4 IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000--OR MORE ☐ NET LOSS MUTUAL FUND PIMCO Commodity Real Return Fund SHARES OF MUTUAL FUND FILER SPOUSE DEPENDENT CHILD ___ HELD OR ACQUIRED BY NUMBER OF SHARES LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND ☐ 10,000 OR MORE 5,000 TO 9,999 IF SOLD ☐ NET GAIN LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE ☐ NET LOSS **MUTUAL FUND** PIMCO Real Return Fund SHARES OF MUTUAL FUND **FILER X**SPOUSE ☐ DEPENDENT CHILD _ HELD OR ACQUIRED BY NUMBER OF SHARES LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 ☐ 10,000 OR MORE IF SOLD ■ NET GAIN

☐ LESS THAN \$5,000

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

NET LOSS

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

(512) 463-5800

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5 NOTAPPLICABLE List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS SOURCE OF INCOME Star Ope Federal Credit Union, Interest 166 8th Avenue Junny Vale, CA 94089 **RECEIVED BY** FILER X SPOUSE DEPENDENT CHILD ____ **AMOUNT** \$500--\$4,999 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE Wachovia Bank, interest 1525 W WT Harris Blud 385 SOURCE OF INCOME Charlotte, NC 28267 RECEIVED BY SPOUSE FILER DEPENDENT CHILD _____ **AMOUNT** ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE \$500-\$4,999 SOURCE OF INCOME Chase Bank, Interest PO Box 260172 Baton Rouge, LA 70826 **RECEIVED BY** FILER SPOUSE DEPENDENT CHILD _ **AMOUNT 5**500-\$4,999 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INCOME FROM INTE	REST, DIVIDENDS, ROYALTIES & RENTS PART 5			
NOTAPPLICABLE	·			
	your spouse, or a dependent child received <i>in excess of \$500</i> that was derived from ents during the calendar year and indicate the category of the amount of the income. For 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	National Financial Services, Dividends 1295 State St., W127 Springfield, MA 01/11			
RECEIVED BY	☑ FILER ☑ SPOUSE ☐ DEPENDENT CHILD			
AMOUNT	☐ \$500—\$4,999 ☐ \$5,000—\$9,999 Д \$10,000—\$24,999 ☐ \$25,000—OR MORE			
SOURCE OF INCOME	AG Edwards, Dividends One N. Jefferson St. Louis, MO 63103			
RECEIVED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
AMOUNT	\$5,000—\$9,999			
SOURCE OF INCOME	Charles Schwaby Co, Dividual 101 Montgomery St. San Francisco, CA 94104			
RECEIVED BY	FILER SPOUSE DEPENDENT CHILD			
AMOUNT	\$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

(512) 463-5800 1-800-325-8506 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 PERSONAL NOTES AND LEASE AGREEMENTS PART 6 NOTAPPLICABLE Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. PERSON OR INSTITUTION Chase Home Finance, HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF 🔽 FILER SPOUSE DEPENDENT CHILD ___ **GUARANTOR AMOUNT \$1,000--\$4,999** ☐ \$5,000--\$9,999 ☐ \$10,000-\$24,999 🛣 \$25,000--OR MORE PERSON OR INSTITUTION Citimortgage HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF FILER SPOUSE DEPENDENT CHILD _____ **GUARANTOR AMOUNT** \$1,000--\$4,999 \$5,000--\$9,999 \$10,000-\$24,999 \$25,000--OR MORE PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF ☐ FILER SPOUSE DEPENDENT CHILD ____ **GUARANTOR AMOUNT** \$1,000--\$4,999 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 INTERESTS IN REAL PROPERTY PART 7A NOTAPPLICABLE Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. HELD OR ACQUIRED BY K FILER SPOUSE ■ DEPENDENT CHILD _ STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 610 Baylor St. Austin, Trans County, TX Number of Lots or acres and name of county where Located STREET ADDRESS ■ NOT AVAILABLE DESCRIPTION Travis County, 1 Lot ✓ LOTS ☐ ACRES Laura C Morrison NAMES OF PERSONS **RETAINING AN INTEREST** Philip J Morrison ■ NOT APPLICABLE (SEVERED MINERAL INTEREST) IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE ☐ NET GAIN ☐ NET LOSS HELD OR ACQUIRED BY X FILER X SPOUSE ☐ DEPENDENT CHILD . 3906 Bailey Lane STREET ADDRESS Austin, Travis County, TX ☐ NOTAVAILABLE DESCRIPTION Travis County, 1 Lot LOTS ☐ ACRES Laura C Morrison NAMES OF PERSONS RETAINING AN INTEREST Philip J Morrison ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST) IF SOLD LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE ■ NET GAIN ☐ NET LOSS

Texas Ethics Commission Austin, Texas 78711-2070 P.O. Box 12070 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. ▼ FILER SPOUSE HELD OR ACQUIRED BY ☐ DEPENDENT CHILD ___ STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 4408 NE 10th Ave. STREET ADDRESS Portland, Multnomah County, OR NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED ■ NOTAVAILABLE DESCRIPTION Multnomah County, 1 Lot LOTS ☐ ACRES Laura C Morrison Philip & Morrison Benjamin P Morrison NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST) 5 IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 ☐ \$10,000—\$24,999 ☐ \$25,000—OR MORE ☐ NET GAIN ☐ NET LOSS HELD OR ACQUIRED BY FILER ☐ SPOUSE ☐ DEPENDENT CHILD STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE STREET ADDRESS ☐ NOTAVAILABLE NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED DESCRIPTION LOTS ☐ ACRES NAMES OF PERSONS **RETAINING AN INTEREST** ■ NOT APPLICABLE (SEVERED MINERAL INTEREST) IF SOLD ☐ LESS THAN \$5,000 ☐ \$5,000—\$9,999 ☐ \$10,000—\$24,999 ☐ \$25,000—OR MORE ■ NET GAIN ☐ NET LOSS

INTERESTS IN BUSIN	NESS ENTITIE	S	PART 7B
NOTAPPLICABLE			
calendar year. If the interest was so	ld, also indicate the cate	gory of the amount of	our 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 t	a dependent child's a he child is listed on the	activity, indicate the Cover Sheet.	e child about whom you are reporting by
1 HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD
DESCRIPTION		NAME AN	D ADDRESS
3 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999 \$25,000OR MORE
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD
	1		
DESCRIPTION		NAME AN	D ADDRESS
DESCRIPTION		NAME AN	D ADDRESS
DESCRIPTION IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000		
IF SOLD ☐ NET GAIN	☐ LESS THAN \$5,000		
IF SOLD NET GAIN NET LOSS		□ \$5,000\$9,999 □ SPOUSE	\$10,000-\$24,999 \$25,000OR MORE
IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY		□ \$5,000\$9,999 □ SPOUSE	\$10,000-\$24,999 \$25,000OR MORE
IF SOLD NET GAIN NET LOSS HELD OR ACQUIRED BY		SPOUSE	\$10,000-\$24,999 \$25,000OR MORE

☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

NAME AND ADDRESS

DESCRIPTION OF GIFT

DESCRIPTION OF GIFT

DONOR

RECIPIENT

(512) 463-5800

TRUSTINCOME				PART 9
NOTAPPLICABLE				
Identify each source of income rece category of the amount of income r than \$500 in income, if the identity When reporting information abou	received. Also identify ear of the asset is known. For	ach asset of the trus or more information	st from which the ben , see FORM PFSIN	eficiary received <i>more</i> ISTRUCTION GUIDE.
providing the number under which			·	
1 SOURCE	Mary J R		of trust	
² BENEFICIARY	FILER	SPOUSE	DEPENDENT O	CHILD
INCOME	LESS THAN \$5,000	\$5,000\$9,999	\$10,000 \$24 ,999	ቖ \$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
MUNKNOWN				
SOURCE		NAME C	OF TRUST	
BENEFICIARY	FILER	SPOUSE	DEPENDENT C	HILD
INCOME	LESS THAN \$5,000	\$5,000\$9,999	\$10,000 \$24 ,999	\$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
UNKNOWN				
SOURCE		NAME O	F TRUST	
BENEFICIARY	FILER	SPOUSE	DEPENDENT C	HILD
INCOME	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	☐ \$25,000OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED				
UNKNOWN				
COPY A	ND ATTACH ADDITIO	NAL PAGES AS	NECESSARY	

Texas Ethics Commission	P.O. Box 12070 Aus	stin, Texas 78711-20)70 (512) 463-580	0 1-800-325-850
BLIND TRUSTS NOTAPPLICABLE				PART 10 A
Identify each blind trust that complies with section 572.023(c) of the Government Code. See FORM PFSINSTRUCTION GUIDE.				
When reporting information providing the number under w			e child about whom you	are reporting by
1 NAME OF TRUST				
² TRUSTEE		NAME AI	ND ADDRESS	
³ BENEFICIARY	FILER	SPOUSE	DEPENDENT CHILI	D
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 A	ND ADDRESS	
BENEFICIARY	FILER	SPOUSE	DEPENDENT CHILI)
FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	S10,000-\$24,999 [\$25,000OR MORE
DATE CREATED				
NAME OF TRUST		,		
TRUSTEE		NAME AN	D ADDRESS	
BENEFICIARY	FILER	SPOUSE	DEPENDENT CHILD	
FAIR MARKET VALUE	LESS THAN \$5,000	55,000\$9,999	\$10,000-\$24,999	\$25,000OR MORE
DATE CREATED				

TRUSTEE STATEMENT

PART 10B

(512) 463-5800

~	•	
\sim	NOTAPPLICABLE	:
~	MOTALLFIOURE	•

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

M	NOTAPPLICABLE	

Texas Ethics Commission

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	FILER	SPOUSE	DEPENDENT	CHILD
4 ASSETS	DES	SCRIPTION	CATE	EGORY
AGGETO	,		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	55,000\$9,999
			\$10,000\$24,999	\$25,000OR MORE
			 	\$5,000\$9,999
			\$10,000-\$24,999	\$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$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

LIABILITIES OF BUSINESS ASSOCIATIONS

P.O. Box 12070

PART 11B

M	NOTAPPLICABL	Ε

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

¹ BUSINESS ASSOCIATION		NAME AND ADDRESS			
² BUSINESS TYPE					
3 HELD, ACQUIRED, OR SOLD BY	FILER	SPOUSE	☐ DEPENDENT	CHILD ———	
4 LIABILITIES	DES	CRIPTION	CATE LESS THAN \$5,000 S10,000—\$24,999	GORY \$5,000\$9,999 \$25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999	
			LESS THAN \$5,000	\$5,000\$9,999	
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE	
			LESS THAN \$5,000	\$5,000\$9,999	

NOTAPPLICABLE

BOARDS AND EXECUTIVE POSITIONS

P.O. Box 12070

PART 12

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 partner-
ships, 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 PFSINSTRUCTION GUIDE.

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

providing the number under	er which the child is lis	sted on the Cover Sheet.				
1 ORGANIZATION	Austin Ne	ishborhoods Coun	nci/			
² POSITION HELD	Board o	Board of Directors, President				
³ POSITION HELD BY	反 FILER	SPOUSE	DEPENDENT CHILD			
ORGANIZATION	West Er	nd Austin Allian	nce			
POSITION HELD	Board	of Directors, l	Nember			
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD			
ORGANIZATION						
POSITION HELD	-					
POSITION HELD BY	☐ FILER	☐ SPOUSE	DEPENDENT CHILD			
ORGANIZATION						
POSITION HELD						
POSITION HELD BY	FILER	SPOUSE	DEPENDENT CHILD			
ORGANIZATION						
POSITION HELD						
POSITION HELD BY	☐ FILER	SPOUSE	DEPENDENT CHILD			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 13

MOTAPPI	ICARI	F

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
e e	
AMOUNT	
AMOUNT	
PROVIDER	NAME AND ADDRESS
, noviden	
AMOUNT	
	ND ATTACH ADDITIONAL PAGES AS NECESSARY

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 14

\ ,		
T	NOT APPLICABL	_
\sim	MOT APPLICABL	

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.

an interest. For more information, se	an interest. For more information, see FORM PFSINSTRUCTION GUIDE.				
1 BUSINESS ENTITY	NAME AND ADDRESS				
2 INTEREST HELD BY	☐ FILER	☐ SPOUSE	DEPENDENT CHILD		
BUSINESS ENTITY		NAME AN	D ADDRESS		
INTEREST HELD BY	☐ FILER	SPOUSE	DEPENDENT CHILD		
BUSINESS ENTITY		NAME AND	D ADDRESS		
·					
INTEREST HELD BY	☐ FILER	SPOUSE	DEPENDENT CHILD		
BUSINESS ENTITY		NAME AND	DADDRESS		
INTEREST HELD BY	FILER	SPOUSE	DEPENDENT CHILD		
BUSINESS ENTITY		NAME AND	ADDRESS		
INTEREST HELD BY	FILER	SPOUSE	DEPENDENT CHILD		

Austin, Texas 78711-2070 (51)

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

PART 15

TO A LOBBYIST OR L	.OBBYIST'S EI	MPLOYER	·	
Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFSNSTRUCTION GUIDE.				
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				·
FEE CATEGORY	LESS THAN \$5,000	\$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	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	S10,000-\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	· .			
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	·			
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	☐ \$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

Texas Ethics Commission

NOTAPPLICABLE

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				
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
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				

BENEFITS DERIVED FROM FUNCTIONS HONORING **PUBLIC SERVANT**

PART 17

1-800-325-8506

M	NOTAPPLICABLE
Δ	THO TALL CIOADEL

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 beriefit 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	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

P.O. Box 12070

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.

Laure Morrison

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Morrison _____, 20 \mathcal{O} 8 , to certify which, witness my hand and seal of office.

Francisca C. Woodward

Title of officer administering oath

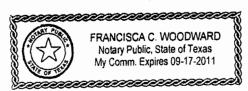


Exhibit A

Election/Candidate Financial Document Coversheet

Date: 3 3 108
To: CARP
From:
Type of Document:
Financial Disclosures Candidate Contracts Personal Financial Statements
Ballot Applications: Application for General Election Ballot Declaration of Write-in Candidacy
C&E's: Candidate/Officerholder Campaign Finance Report (C/OH) Candidate/Officeholder Report: Designation of Final Report (C/OH-FR) Correction Affidavit for Candidate/Officerholder (COR-C/OH) Correction Affidavit for Political Committee (COR-PAC) Correction Affidavit for Political Committee Telegram Report (COR-PAC-T) Verification for Electronic Filing Affidavit General-Purpose Committee Campaign Finance Report (GPAC) Monthly Filing General-Purpose Committee Campaign Finance Report (MPAC) Political Committee Affidavit of Dissolution (PAC-DR) Political Committee Telegram Report (PAC-T) Specific-Purpose Committee Campaign Finance Report (SPAC) Special Report of Expenditures not by a Candidate Financial Disclosure Form Personal Financial Statement Campaign Treasurer Appointment and Amendments Candidate Contract Contribution & Expenditure Report (C&E) - General Purpose Contribution & Expenditure Report (C&E) - Specific Purpose Contribution & Expenditure Report (C&E) - Final Report
For C&E's, please check one of the following boxes:
10 th day after campaign treasurer termination
15th day after treasurer appointment
30 th day before election
8 th day before election
January 15 th
July 15 th
Dissolution

1-800-325-8506 (512)463-5800 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission FORM PFS PERSONAL FINANCIAL STATEMENT **COVER SHEET** PAGE# Filed in accordance with chapter 572 of the Government Code. Page 1 of 26 For filings required in 2009, covering calendar year ending December 31, 2008. ACCOUNT # Use FORM PFS - INSTRUCTION GUIDE when completing this form. TITLE, FIRST, MI **OFFICE USE ONLY** 1 NAME Laura POSTING: DATE NICKNAME, LAST, SUFFIX Morrison 2 ADDRESS 610 Baylor St. Receipt # Austin, TX 78703 HD / PM Legal Date Processed (CHECK IF FILER'S HOME ADDRESS) AREA CODE NUMBER; EXTENSION TELEPHONE Date imaged NUMBER (512) 494-8702 REASON FOR FILING ☐ CANDIDATE _____ _____(INDICATE OFFICE) STATEMENT X ELECTED OFFICER Austin City Council, Place 4 __ (INDICATE OFFICE) APPOINTED OFFICER ______ ____ (INDICATE AGENCY) ☐ EXECUTIVE HEAD _____ (INDICATE AGENCY) ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR ______(INDICATE PARTY) OTHER ______ (INDICATE POSITION) Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity): Philip J. Morrison SPOUSE _ DEPENDENT CHILD 1. ___

th parts 1 through 18, you w∜ decode your threford activity during the caterithr year. In carts 1 through 14, you are required to decide and only your own financial activity, but also that of your spouse or a dependent child it you had actual control ; over that person's immour activity.

Lexas Ethics Commission	P.O. Box 12	070 Austin, Texas 7	8711-2070	(512)463-	<u>-5800 1-800-325-850</u>	
STOCK	· · · · · ·				PART 2	
☐ NOT APPLICAB	LE	_	_		· 	
and indicate the category of the amout INSTRUCTION GUID	gory of the numbent of the net gain E.	your spouse, or a depo er of shares held or acc or loss realized from th	juired. If some or al ne sale. For more in	l of the stock was sole formation, see FORM	d, also indicate the A PFS	
When reporting inform providing the number	nation about a de under which the	pendent child's activity child is listed on the Co	, indicate the child a over Sheet.	bout whom you are re	eporting by	
¹ BUSINESS ENTITY		ANADARKO PETROLEUM CORP				
2 STOCK HELD OR ACQUIRED BY		X FILER	SPOUSE	DEPENDENT CHIL	.D	
³ NUMBER OF SHARES		LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	⊠ 500 TO 999	☐ 1,000 TO 4,999	
⁴ IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE	
BUSINESS ENTITY	 /	NAME Berkshire Hathaway				
STOCK HELD OR A	ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	.D G.	
NUMBER OF SHAF	RES	☑ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	
iF SOLD	☐ NET CAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000~OR MORE	
BUSINESS ENTITY		NAME Cisco Systems Inc				
BUSINESS ENTITY	,	Cisco Systems Inc	N/	ME		
BUSINESS ENTITY	<u>,</u>	Cisco Systems Inc	N/	ME DEPENDENT CHIL	.D	
	ACQUIRED BY	<u> </u>		DEPENDENT CHIL	.D ☐ 1,000 TO 4,999	
STOCK HELD OR A	ACQUIRED BY	☑ FILER ☐ LESS THAN 100		DEPENDENT CHIL		
STOCK HELD OR A	ACQUIRED BY RES NET GAIN NET GAIN	☐ LESS THAN 100	✓ SPOUSE✓ 100 TO 499✓ 10,000 OR MORE✓ \$5,000 - \$9,999	DEPENDENT CHIL	1,000 TO 4,999	
STOCK HELD OR A NUMBER OF SHAF IF SOLD	ACQUIRED BY RES NET GAIN NET HARB	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	✓ SPOUSE✓ 100 TO 499✓ 10,000 OR MORE✓ \$5,000 - \$9,999	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE	
STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY	ACQUIRED BY I NET GAIN INTERIORS ACQUIRED BY	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 Cymer the		DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 MIT DEPENDENT CHIL 500 TO 999	1,000 TO 4,999 \$25,000OR MORE	
STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY STOCK HELD OR A	ACQUIRED BY I NET GAIN INTERIORS ACQUIRED BY	IN FILER LESS THAN 100 1 5,000 TO 9,999 Cymer the X FILER LESS THAN 100	 ☒ SPOUSE ☒ 100 TO 499 ☒ 10,000 OR MORE ☒ \$5,000 - \$9,999 ☒ SPOUSE ☒ 100 TO 499 	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 MIT DEPENDENT CHIL 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE D ☐ 1,000 TO 4,999	
STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY STOCK HELD OR A NUMBER OF SHAF	ACQUIRED BY RES NET GAIN ACQUIRED BY RES TENET GAIN LI NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ Cymer the ☐ LESS THAN 100 ☐ 6,000 TO 9,999	 X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 N/ X SPOUSE 100 TO 499 10,000 OR MORE \$6,000 - \$9,999 	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 MIT DEPENDENT CHIL 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE D ☐ 1,000 TO 4,999	
STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY STOCK HELD OR A NUMBER OF SHAF	ACQUIRED BY RES ACQUIRED BY ACQUIRED BY RES I NET GAIN UNET LOSS	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 Cymer the The Less THAN \$6,000 LESS THAN \$6,000 LESS THAN \$6,000 Dell Inc	 X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 N/ X SPOUSE 100 TO 499 10,000 OR MORE \$6,000 - \$9,999 	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 MIT DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐ 1,000 TO 4,999 ☐ \$29,000OR MORE	
STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY	ACQUIRED BY RES ACQUIRED BY RES IT NET GAIN IN NET LOSS ACQUIRED BY	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ Cymer the ☐ LESS THAN 100 ☐ 6,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ Dell Inc	 ☑ SPOUSE ☑ 100 TO 499 ☑ 10,000 OR MORE ☑ \$5,000 - \$9,999 N/ ☑ SPOUSE ☑ 10,000 OR MORE ☑ 10,000 OR MORE ☑ \$5,000 - \$9,999 	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 MIT DEPENDENT CHIL 500 TO 999 #################################	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐ 1,000 TO 4,999 ☐ \$29,000OR MORE	
STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY STOCK HELD OR A NUMBER OF SHAF IF SOLD BUSINESS ENTITY STOCK HELD OR A	ACQUIRED BY RES ACQUIRED BY RES IT NET GAIN IN NET LOSS ACQUIRED BY	LESS THAN 100 LESS THAN \$5,000 Cymerthic M FILER LESS THAN 100 LESS THAN \$6,000 Dell Inc M FILER M FILER LESS THAN \$6,000 Dell Inc M FILER M	 X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 N/ X SPOUSE 100 TO 499 \$6,000 - \$9,998 № X SPOUSE X SPOUSE 100 TO 499 	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 MIT DEPENDENT CHIL 500 TO 999 #################################	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐ ☐ \$25,000OR MORE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	

Texas Ethics Commission	P.O. Box 12	070 Austin, Texas 7	8711-2070	(512)463	-5800 1-800-325	5-8 50
STOCK					PART	2
☐ NOT APPLICAE	BLE					
and indicate the cate category of the amou INSTRUCTION GUID	gory of the number int of the net gain DE.	your spouse, or a depe er of shares held or acc or loss realized from th	quired. If some or al ne sale. For more in	I of the stock was sol formation, see FORN	d, also indicate the	٠
When reporting information providing the number	mation about a de under which the	pendent child's activity child is listed on the Co	, indicate the child a over Sheet.	bout whom you are r	eporting by	
BUSINESS ENTIT	Υ	GABELLI EQUITY	N/	AME		
2 STOCK HELD OR	ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D	
3 NUMBER OF SHA	RES	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	
¹ if sold	NET GAIN	LESS THAN \$5,000	55,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MOF	₹E
BUSINESS ENTIT	Υ	i GENERAL ELECTRIC		\MF		
STOCK HELD OR	ACQUIRED BY		SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHAI	RES	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 1O 4,999	
F SOLD	☐ NET CAIN	☐ LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$21,999	☐ \$25,000~OR MOF	₹E
BUSINESS ENTITY	Y	INTL BUSINESS MAC		ME		
STOCK HELD OR	ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHAI	RES	LESS THAN 100	IX 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	
iF SOLD	☐ NET CAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	□ \$25,000OR MOR	tC.
BUSINESS ENTITY		Ishares Russell 1000 \		МС		
STOCK HELD OR	ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHAP	RES	LESS THAN 100	100 TO 499 10,000 OR MORE	⊠ 500 TO 999	1,000 TO 4,999	
!F SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MOR	:C
BUSINESS ENTITY	1	Ishares Trust Russeil N		MF		
STOCK HELD OR	ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHAF	RES	LESS THAN 100	☒ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999	

LLGS 111AN \$5,000 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORL

☐ NET GAIN

!F SOLD

Texas Ethics Commission	P.O. Box 12	070 Austin, Texas 7	8711-2070	(512)463	-5800	1-800-32	25-850 6	
STOCK	•					PART	2	
☐ NOT APPLICABLE		·			·			
and indicate the categor	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 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 BUSINESS ENTITY		Ishares Trust S&P 500		AME				
2 STOCK HELD OR AC	QUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	.D			
3 NUMBER OF SHARE	S	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999 ≣	1,000	Γ Ο 4 ,999		
4 IF SOLD	NET GAIN	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	0OR MO	RE	
BUSINESS ENTITY				AME				
		JPMORGAN CHASE	& CO					
STOCK HELD OR AC	QUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	.D			
NUMBER OF SHARES	S	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	X 500 TO 999 ≣	1,000	O 4,999		
F SOLD F	NET GAIN	1 F56 T 'AN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,99 9	\$25,00	0OR MO	RE	
BUSINESS ENTITY		. Wyoin inc	N	∕Wii.				
STOCK HELD OR AC	QUIRED BY	▼ FILER	SPOUSE	DEPENDENT CHIL	.D			
NUMBER OF SHARES	6	LESS THAN 100	100 TO 499 2 40,000 OR MOR	☐ 500 TO 999	☒ 1,000 Т	O 4,999		
if sold [NET CAIN	LESS THAN \$5,000	15,000 - \$9,999	\$10,000 \$24,999	\$25,000	OM RO-C	RE	
BUSINESS ENTITY		. Wyeth Inc	N/	MF				
STOCK HELD OR ACC	QUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D			
NUMBER OF SHARES	5	☐ LESS THAN 100 ☐ 5,000 TO 9,999	100 TO 499	<u>⊠</u> 500 1O 999	1,000 :	O 4,999	-	
	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000)~OR MO!	RE	
							į	

BONDS, NOTES & OTHER COMMERCIAL PAPER PART								
☐ NOT APPLICABLE	□ NOT APPLICABLE							
List all bonds, notes and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFSINSTRUCTION GUIDE								
When reporting information abore providing the number under wh			l about whom you are reporting by					
1 DESCRIPTION OF INSTRUMENT	BAC CAP TR IV							
2 1151 5 05 40011155 89		-						
² HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD					
3 IF SOLD								
☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE					
DESCRIPTION CALIFORNIA INFR Municipal Bond								
OF INSTRUMENT								
HELD OR ACQUIRED BY								
	X FILER	SPOUSE	DEPENDENT CHILD					
IF SOLD	·							
☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE					
DESCRIPTION OF INSTRUMENT	CAPITAL CROSSING							
HELD OR ACQUIRED BY								
	X FILER	SPOUSE	DEPENDENT CHILD					
IF SOLD			, , , , , , , , , , , , , , , , , , ,					
☐ NET GAIN	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY								

P.O. Box 12070

BONDS, NOTES & OTHER COMMERCIAL PAPER In Not applicable							
List all bonds, notes and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE							
When reporting information abo providing the number under whi			about whom you are repor	rting by			
1 DESCRIPTION OF INSTRUMENT	SPDRTRUSTUNITSR1						
² HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD				
3 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE			
DESCRIPTION OF INSTRUMENT	SAN FRANCISCO CALIF MI	unicipal Bond					
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD _				
IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE			
			·				
	DV AND ATTACK ADDITION						

LESS THAN 100

5,000 TO 9,999

LESS THAN \$5,000

100 TO 499

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

☐ 10,000 OR MORE

X 500 TO 999

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

1,000 TO 4,999

OF MUTUAL FUND

■ NET GAIN

■ NET LOSS

IF SOLD

100 TO 499

☐ 10,000 OR MORE

500 TO 999

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

LESS THAN 100

5,000 TO 9,999

OF MUTUAL FUND

■ NET GAIN

☐ NET LOSS

IF SOLD

X 1,000 TO 4,999

LESS THAN 100

5,000 TO 9,999

X 100 TO 499

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

☐ 10,000 OR MORE

☐ 500 TO 999

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

1,000 TO 4,999

NUMBER OF SHARES

■ NET GAIN

■ NET LOSS

OF MUTUAL FUND

IF SOLD

☐ 100 TO 499

☐ 10,000 OR MORE

500 TO 999

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

LESS THAN 100

5,000 TO 9,999

OF MUTUAL FUND

☐ NET GAIN

☐ NET LOSS

IF SOLD

X 1,000 TO 4,999

Texas Ethics Commission P.O. Box	x 12070 Austin, Texas 7	78711-2070	(512)463	-5800 1	-800-325-850		
MUTUAL FUNDS				F	PART 4		
☐ NOT APPLICABLE							
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS—INSTRUCTION GUIDE When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.							
¹ MUTUAL FUND	OPPENHEIMER INTER	OPPENHEIMER INTERnational DIVERsified Fund					
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	.D			
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	□ 500 TO 999 E	X 1,000 TO	4,999		
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,0000	OR MORE		
MUTUAL FUND	OPPENHEIMER INT'L B		ME		-		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	.D			
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO	4,999		
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,0000	OR MORE		
MUTUAL FUND	OPPENHEIMER SENIOF	NA R FLOATING RATE F	_				
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	X SPOUSE	DEPENDENT CHIL	D			
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	⊠ 1,000 то 4	1,999		
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,0000	R MORE		

100 TO 499

10,000 OR MORE

X 500 TO 999

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

LESS THAN 100

5,000 TO 9,999

NUMBER OF SHARES

■ NET GAIN

☐ NET LOSS

OF MUTUAL FUND

IF SOLD

1,000 TO 4,999

5,000 TO 9,999

☐ 10,000 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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

OF MUTUAL FUND

☐ NET GAIN

NET LOSS

IF SOLD

INCOME FROM IN	TEREST, DIVIDEN	IDS, ROYAL	TIES & RENTS PART 5					
interest, dividends, royalties an	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 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 SOURCE OF INCOME	Star One Federal Credit Uni	NAME AND AI	DDRESS					
	166 8th Ave. Sunnyvale, CA 94089		·					
² RECEIVED BY	X FILER	X SPOUSE	DEPENDENT CHILD					
3 AMOUNT	☒ \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE					
SOURCE OF INCOME		NAME AND AD	DDRESS					
	Wachovia Bank, Interest 1525 W WT Harris Blvd 385 Charlotte, NC 28262							
RECEIVED BY	☑ FILER	X SPOUSE	DEPENDENT CHILD					
AMOUNT	\$500 - \$4,999	X \$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE					
SOURCE OF INCOME	Chase Bank Interest	NAME AND AD	DRESS					
	Chase Bank, Interest PO Box 260172							
	Baton Rouge, LA 70826							
RECEIVED BY	X FILER	X SPOUSE	DEPENDENT CHILD					
AMOUNT	☒ \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE					
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY								

INCOME FROM IN	TEREST, DIVIDEI	NDS, ROYAL	TIES & 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 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 SOURCE OF INCOME	Wachovia Securities, Divid	NAME AND A	DDRESS					
	One North Jefferson St. Louis, MO 63103							
² RECEIVED BY	X FILER	X SPOUSE	DEPENDENT CHILD					
3 AMOUNT	X \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE					
SOURCE OF INCOME		NAME AND A	DDRESS					
	Charles Schwab, Dividends 101 Montgomery St. San Francisco, CA 94104							
RECEIVED BY	☑ FILER	SPOUSE	DEPENDENT CHILD					
AMOUNT	区 \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE					
SOURCE OF INCOME	National Financial Service	NAME AND AD	DRESS					
	National Financial Services, 1295 State St. Springfield, MA 01111	Dividends						
RECEIVED BY	☑ FILER	X SPOUSE	DEPENDENT CHILD					
AMOUNT	\$500 - \$4,999	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 🛛 \$25,000OR MORE					
60	DY AND ATTACH ADDITE							

1-800-325-8506

P.O. Box 12070

PERSONAL NOTES	AND LEASE A	GREEMENTS	3	PART 6			
NOT APPLICABLE							
Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM 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 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Chase Home Finance						
² LIABILITY OF	X FILER	X SPOUSE	DEPENDENT CHILD)			
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	Citimortgage						
LIABILITY OF	X FILER	X SPOUSE	DEPENDENT CHILD				
GUARANTOR							
AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE			
				· .			
	•						
				·			
	AND ATTACH ADDIT						

Texas Ethics Commission	P.O. Box 12070	Austin, Texas	78711-2070	(512)463-	5800 1-	800-32	5-850€
TRUST INCOM	E				P	ART	9
☐ NOT APPLICABLE	·						
Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received more than \$500 in income, if the identity of the asset is known. For more information, see FORM PFSINSTRUCTION GUIDE.							
When reporting information providing the number und				about whom you are re	porting by		
1 SOURCE	Mary J	Ryan Trust	NAME O	F TRUST			
² BENEFICIARY	<u> </u>	FILER	SPOUSE	DEPENDENT CHIL	·		
3 INCOME	<u></u>	ESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,0000	R MOI	RE
4 ASSETS FROM WHICH OVER \$500 WAS REC		sbursements liste	d under Parts 2, 3 &	4 as Acquired by Filer.			
☐ UNKNOWN							
					-		
	COPY AND AT	TACH ADDITIO	NAL PAGES AS I	NECESSARY	-		\dashv

(512)463-5800

PERSONAL FINANCIAL STATEMENT PARTS MARKED 'NOT APPLICABLE' BY FILER

Rather than printing a page for each Part the filer checked 'Not Applicable,' this page summarizes whether the 'Not Applicable' checkbox was checked for each Part. If the checkbox is checked next to a Part below, then no pages for that Part should be present in the report. If a checkbox is not checked, then pages for that Part should be present in the report.

□ N/A	Part 1A - Sources of Occupational Income
⊠ N/A	Part 1B - Retainers
□ N/A	Part 2 - Stock
□ N/A	Part 3 - Bonds, Notes & Other Commercial Paper
□ N/A	Part 4 - Mutual Funds
□ N/A	Part 5 - Income from Interest, Dividends, Royalties & Rents
□ N/A	Part 6 - Personal Notes and Lease Agreements
□ N/A	Part 7A - Interests in Real Property
⊠ N/A	Part 7B - Interests in Business Entities
⊠ N/A	Part 8 - Gifts
□ N/A	Part 9 - Trust Income
⊠ N/A	Part 10A - Blind Trusts
· 🗵 N/A	Part 10B - Trustee Statement
⊠ N/A	Part 11A - Assets of Business Associations
⊠ N/A	Part 11B - Liabilities of Business Associations
⊠ N/A	Part 12 - Boards and Executive Positions
⊠ N/A	Part 13 - Expenses Accepted Under Honorarium Exception
⊠ N/A	Part 14 - Interest in Business in Common with Lobbyist
⊠ N/A	Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
⊠ N/A	Part 16 - Representation by Legislator Before State Agency
⊠ N/A	Part 17 - Benefits Derived from Functions Honoring Public Servant
⊠ N/A	Part 18 - Legislative Continuances

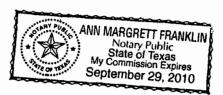
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

P.O. Box 12070

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.

AFFIX NOTARY STAMP / SEAL ABOVE



Swom to and subscribed before me by to certify which, witness my hand and seal of office.

Printed name of officer administering oath

	PERSONAL F	INANCIAL STATEMENT		FORM PFS COVER SHEET				
	For filings required in 2	dance with chapter 572 of the Government Code. 2009, covering calendar year ending December 31, 2009 INSTRUCTION GUIDE when completing this form.	PAGE # ACCOUNT #	Page 1 of 26				
1	NAME	TITLE, FIRST, MI	OFI	FICE USE ONLY				
		Laura	Date Received					
		NICKNAME, LAST, SUFFIX Morrison		AUSTIN CITY POSTING: DAT 2010 FPR 30 F				
2	ADDRESS	610 Baylor St. Austin, TX 78703	Receipt#	Amount C				
		(CHECK IF FILER'S HOME ADDRESS)	Legal Date Processed	11 C7				
3	TELEPHONE NUMBER	AREA CODE NUMBER; EXTENSION (512) 494-8702	Date Imaged	~				
4	REASON FOR FILING STATEMENT	☐ CANDIDATE Austin City Council, Place 4		(INDICATE OFFICE)				
		APPOINTED OFFICER		(INDICATE AGENCY)				
,		☐ EXECUTIVE HEAD		(INDICATE AGENCY)				
		☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT						
		STATE PARTY CHAIR		(INDICATE PARTY)				
	-	□ OTHER		(INDICATE POSITION)				
5	spouse or dependent children if the filer had actual control over that activity):							
	SPOUSE							
_								
red	In parts 1 through 18, you will disclose your financial activity during the calendar year. In parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity. COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY							
		OUT I AND ATTACH ADDITIONAL PAGES AS NECE	JOARI					

Texas Ethics Commission P.O	Box 12070	Austin, Tex	as 78711-2070	(512)463-5800	1-800-	325-850
SOURCES OF OCC	CUPATIO	DNAL IN	ICOME		PART	1A
☐ NOT APPLICABLE						
When reporting information aborder who providing the number under who	out a depende	nt child's act	ivity, indicate the chi	ld about whom you are reporting	by	
			et.			
1 INFORMATION RELATES TO			<u> </u>			
	☐ ☐ FILE	R	☐ SPOUSE	☐ DEPENDENT CHILD		
² EMPLOYMENT		. NA	_	EMPLOYER / POSITION HELD		
	City of A	ustin	(Check if File	er's Home Address)		
	301 W.					
	Austin C	ity Council M	ember, Place 4			
SELF-EMPLOYED			NATURE OF	FOCCUPATION		
INFORMATION RELATES TO	☐ FILE	R	X SPOUSE	☐ DEPENDENT CHILD		-
EMPLOYMENT		NAI		EMPLOYER / POSITION HELD		
	Universi	ty of Texas, A		er's Home Address)		
	Physics					
	Professo	or				
				OCCUPATION		
SELF-EMPLOYED						
Co	OPY AND AT	TACH ADD	OITIONAL PAGES A	AS NECESSARY		

STOCK					PART 2
☐ NOT APPLICA	BLE				
and indicate the cate	egory of the number unt of the net gain	your spouse, or a depe er of shares held or acq or loss realized from th	uired. If some or all	of the stock was sold	d, also indicate the
		ependent child's activity child is listed on the Co		bout whom you are re	eporting by
¹ BUSINESS ENTIT	Υ	ANADARKO PETROL		ME .	
2 STOCK HELD OR	ACQUIRED BY		SPOUSE	DEPENDENT CHIL	D
³ NUMBER OF SHA	RES	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	X 500 TO 999	☐ 1,000 TO 4,999
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTIT	Y	Berkshire Hathaway	. NA	ME \	
STOCK HELD OR	ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHA	RES	X LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTIT	Y	Cisco Systems Inc	NA	ME	
BUSINESS ENTIT		Cisco Systems Inc	NA		D
	ACQUIRED BY			DEPENDENT CHIL	D 1,000 TO 4,999
STOCK HELD OR	ACQUIRED BY	☐ LESS THAN 100		DEPENDENT CHIL	
STOCK HELD OR NUMBER OF SHA	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999	X SPOUSEX 100 TO 499☐ 10,000 OR MORE☐ \$5,000 - \$9,999	DEPENDENT CHIL	1,000 TO 4,999
STOCK HELD OR NUMBER OF SHA IF SOLD	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	X SPOUSEX 100 TO 499☐ 10,000 OR MORE☐ \$5,000 - \$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA	ACQUIRED BY RES NET GAIN NET LOSS Y ACQUIRED BY	☐ LESS THAN 100☐ 5,000 TO 9,999☐ LESS THAN \$5,000☐ Cymer Inc	 ✓ SPOUSE ✓ 100 TO 499 ✓ 10,000 OR MORE ✓ \$5,000 - \$9,999 	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTITY STOCK HELD OR	ACQUIRED BY RES NET GAIN NET LOSS Y ACQUIRED BY	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Cymer Inc ☐ FILER ☐ LESS THAN 100	 X SPOUSE X 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NA X SPOUSE 100 TO 499 	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999	1,000 TO 4,999 \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTITY STOCK HELD OR NUMBER OF SHA	ACQUIRED BY RES NET GAIN NET LOSS Y ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ Cymer Inc ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	 ☑ SPOUSE ☑ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NA ☑ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999	1,000 TO 4,999 \$25,000OR MORE D \$1,000 TO 4,999
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTITY STOCK HELD OR NUMBER OF SHA IF SOLD	ACQUIRED BY RES NET GAIN NET LOSS Y ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Cymer Inc ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	 ☑ SPOUSE ☑ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NA ☑ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTITY STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTITY	ACQUIRED BY RES NET GAIN NET LOSS Y ACQUIRED BY RES NET GAIN NET LOSS Y ACQUIRED BY	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Cymer Inc ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Dell inc	 I SPOUSE I 100 TO 499 I 10,000 OR MORE I \$5,000 - \$9,999 NA I SPOUSE I 100 TO 499 I 10,000 OR MORE I \$5,000 - \$9,999 NA 	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTITY STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTITY STOCK HELD OR	ACQUIRED BY RES NET GAIN NET LOSS Y ACQUIRED BY RES NET GAIN NET LOSS Y ACQUIRED BY	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Cymer Inc ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Dell inc ☐ FILER ☐ LESS THAN \$5,000	 ☒ SPOUSE ☒ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999 NA ☒ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MORE ☒ \$5,000 - \$9,999 NA ☒ SPOUSE ☐ 100 TO 499 ☐ 100 TO 499 ☐ 10,000 OR MORE 	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE ☐ 1,000 TO 4,999 ☐ \$25,000OR MORE

Texas Ethics Commission	P.O. Box 12	070 Austin, Texas 7	8711-2070	(512)463	-5800	1-800-325-850	
STOCK						PART 2	
☐ NOT APPLICAE	BLE		**				
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 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 BUSINESS ENTITY	Y	GABELLI EQUITY	N	AME			
2 STOCK HELD OR	ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	.D		
³ NUMBER OF SHAI	RES	☐ LESS THAN 100 ☐ 5,000 TO 9,999	X 100 TO 499☐ 10,000 OR MORE	☐ 500 TO 999 E	☐ 1,000 TC	O 4,999	
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE	
BUSINESS ENTITY	1	GENERAL ELECTRIC		AME	··		
STOCK HELD OR	ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	.D		
NUMBER OF SHAP	RES	☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TC	0 4,999	
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE	
BUSINESS ENTITY	(INTL BUSINESS MAC		ME			
BUSINESS ENTITY STOCK HELD OR		INTL BUSINESS MAC		ME DEPENDENT CHIL	D		
	ACQUIRED BY		HINES	DEPENDENT CHIL	.D ☐ 1,000 TC	0 4,999	
STOCK HELD OR	ACQUIRED BY	☐ LESS THAN 100	HINES SPOUSE 100 TO 499 10,000 OR MORE	DEPENDENT CHIL	1,000 TC	·	
STOCK HELD OR A	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999	HINES SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHIL	1,000 TC		
STOCK HELD OR A NUMBER OF SHAP IF SOLD	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	HINES SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999	☐ 1,000 TC	<u>.</u>	
STOCK HELD OR AN NUMBER OF SHAP	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100☐ 5,000 TO 9,999☐ LESS THAN \$5,000☐ Ishares Russell 1000 V	HINES SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 ME DEPENDENT CHIL 500 TO 999	☐ 1,000 TC	OR MORE	
STOCK HELD OR AN NUMBER OF SHAPE IF SOLD BUSINESS ENTITY STOCK HELD OR A	ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Ishares Russell 1000 V ☐ FILER ☐ LESS THAN 100	HINES SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 alue Index Fund SPOUSE 100 TO 499	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 ME DEPENDENT CHIL 500 TO 999	1,000 TC	OR MORE	
STOCK HELD OR ANUMBER OF SHAPE IF SOLD BUSINESS ENTITY STOCK HELD OR ANUMBER OF SHAPE	ACQUIRED BY RES NET GAIN NET LOSS ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ Ishares Russell 1000 V ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	HINES SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 Alue Index Fund SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999	1,000 TC	-OR MORE	
STOCK HELD OR ANUMBER OF SHAPE IF SOLD BUSINESS ENTITY STOCK HELD OR ANUMBER OF SHAPE IF SOLD	ACQUIRED BY RES NET GAIN NET LOSS ACQUIRED BY RES NET GAIN NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Ishares Russell 1000 V ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	HINES SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 Alue Index Fund SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999	□ 1,000 TC □ \$25,000-	-OR MORE	
STOCK HELD OR ANUMBER OF SHAFE IF SOLD BUSINESS ENTITY STOCK HELD OR ANUMBER OF SHAFE IF SOLD BUSINESS ENTITY	ACQUIRED BY RES NET GAIN NET LOSS ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Ishares Russell 1000 V ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Ishares Trust Russell M	HINES SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 Alue Index Fund SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 Midcap Index Fund	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999	□ 1,000 TC □ \$25,000-	-OR MORE 0 4,999 -OR MORE	
STOCK HELD OR ANUMBER OF SHAPE IF SOLD BUSINESS ENTITY STOCK HELD OR ANUMBER OF SHAPE IF SOLD BUSINESS ENTITY STOCK HELD OR ANUMBER OF SHAPE IF SOLD	ACQUIRED BY RES NET GAIN NET LOSS ACQUIRED BY RES NET GAIN NET LOSS	☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Ishares Russell 1000 V ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Ishares Trust Russell M ☐ FILER ☐ LESS THAN 100	HINES □ SPOUSE □ 100 TO 499 □ 10,000 OR MORE □ \$5,000 - \$9,999 /alue Index Fund □ \$POUSE □ 100 TO 499 □ 10,000 OR MORE □ \$5,000 - \$9,999 /idcap Index Fund □ SPOUSE □ 100 TO 499 □ 10,000 OR MORE	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999	1,000 TC	-OR MORE 0 4,999 -OR MORE	

. Texas Ethics Commission	P.O. Box 120	2070 Austin, Texas 78	8711-2070	(512)463-	-5800	1-800-32	25-850
STOCK						PART	
☐ NOT APPLICABL	.E						
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 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 BUSINESS ENTITY		Ishares Trust S&P 500		AME			
2 STOCK HELD OR AG	CQUIRED BY	☑ FILER	X SPOUSE	DEPENDENT CHIL	.D		
³ NUMBER OF SHARE	ES	LESS THAN 100 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	∑ 1,000 T	O 4,999	
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	0OR MO	RE
BUSINESS ENTITY		JPMORGAN CHASE &		AME			
STOCK HELD OR AG	CQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D		
NUMBER OF SHARE	ES	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	⊠ 500 TO 999	1,000 T	O 4,999	
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	0OR MO)RE
BUSINESS ENTITY		Pfizer (Previously Wyel		ME due to merger)			
STOCK HELD OR AC	CQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHIL	.D		
NUMBER OF SHARE	ES	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	∑ 1,000 T	O 4,999	
IF SOLD	☐ NET GAIN☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	0OR MO	RE
BUSINESS ENTITY		Pfizer (Previously Wyet		ue to merger)			
STOCK HELD OR AC	CQUIRED BY	X FILER	X spouse	DEPENDENT CHILI	.D		
NUMBER OF SHARE	ΞS	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	⊠ 500 TO 999	☐ 1,000 T	O 4,999	
IF SOLD	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	0OR MO	RE

BONDS, NOTES &	OTHER COMMER	RCIAL PAPE	R PART 3
	the category of the amount of		spouse, or a dependent child during the s realized from the sale. For more
When reporting information abo providing the number under whi			about whom you are reporting by
1 DESCRIPTION OF INSTRUMENT	BAC CAP TR IV	·	
² HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHILD
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	55,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE
DESCRIPTION OF INSTRUMENT	CALIFORNIA INFR Municipa	al Bond	
HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHILD
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE
DESCRIPTION OF INSTRUMENT	CAPITAL CROSSING		
HELD OR ACQUIRED BY	☑ FILER	SPOUSE	DEPENDENT CHILD
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE
CC	DPY AND ATTACH ADDITE	ONAL PAGES AS	NECESSARY

BONDS, NOTES &	OTHER COMMER	CIAL PAPE	R PART 3					
☐ NOT APPLICABLE								
List all bonds, notes and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFSINSTRUCTION GUIDE								
When reporting information abo providing the number under whi			about whom you are reporting by					
1 DESCRIPTION OF INSTRUMENT	CITIGROUP CAP TR IX							
² HELD OR ACQUIRED BY								
	∑ FILER	SPOUSE	DEPENDENT CHILD					
3 IF SOLD								
▼ NET GAIN □ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE					
DESCRIPTION OF INSTRUMENT	EAST SIDE UN HIG Municip	oal Bond						
HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILD					
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$5,000	55,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE					
DESCRIPTION OF INSTRUMENT	MORGAN STNLY CAP							
HELD OR ACQUIRED BY	∑ FILER	SPOUSE	DEPENDENT CHILD					
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE					
CC	OPY AND ATTACH ADDITION	ONAL PAGES AS	NECESSARY					

BONDS, NOTES &	OTHER COMMER	RCIAL PAPE	R PA	RT 3
☐ NOT APPLICABLE				
	he category of the amount of		pouse, or a dependent child during the realized from the sale. For more	ie
When reporting information abo providing the number under whi			about whom you are reporting by	
1 DESCRIPTION OF INSTRUMENT	SPDRTRUSTUNITSR1			
² HELD OR ACQUIRED BY				
	X FILER	SPOUSE	DEPENDENT CHILD	
3 IF SOLD				
☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR	MORE
DESCRIPTION OF INSTRUMENT	SAN FRANCISCO CALIF M	unicipal Bond		
HELD OR ACQUIRED BY		SPOUSE	DEPENDENT CHILD	
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR	MORE
				
DESCRIPTION OF INSTRUMENT HELD OR ACQUIRED BY IF SOLD NET GAIN NET LOSS	SAN FRANCISCO CALIF M	unicipal Bond	DEPENDENT CHILD	

Texas Ethics Con	nmission P.O. Bo	x 12070 Austin, Texas 7	78711-2070	(512)463	-5800	1-800-325-850
MUTUA	L FUNDS			· · · · · · · · · · · · · · · · · · ·		PART 4
☐ NOT A	PPLICABLE					
acquired duri some or all o from the sale When reporti	ing the calendar year a of the shares of a mutu or. For more information or information about a	ber of shares in that mutual and indicate the category of al fund were sold, also ind n, see FORM PFS-INSTF a dependent child's activity the child is listed on the Co	of the number of sha licate the category o RUCTION GUIDE v, indicate the child a	res of mutual funds h f the amount of the n	neld or acqu et gain or lo	uired. If oss realized
¹ MUTUAL F	UND	AIM Mid Cap Core Equit		ME		
(OF MUTUAL FUND ACQUIRED BY	☑ FILER	X SPOUSE	DEPENDENT CHIL	_D	
3 NUMBER C OF MUTUA		LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	⊠ 500 TO 999	1,000 7	O 4,999
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	0OR MORE
MUTUAL F	UND	AMERICAN Funds Amer	NA ican BALANCED Fun			
	F MUTUAL FUND ACQUIRED BY	X FILER	X spouse	DEPENDENT CHIL	.D	
NUMBER C OF MUTUA		LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	∑ 1,000 Т	O 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000)OR MORE
MUTUAL FU	UND	AMERICAN Funds CAPI	NAI TAL INCOME BUILDI			
	F MUTUAL FUND CQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D	
NUMBER O		LESS THAN 100	☐ 100 TO 499	X 500 TO 999	☐ 1,000 T	O 4,999

☐ 10,000 OR MORE

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

5,000 TO 9,999

IF SOLD

■ NET GAIN

☐ NET LOSS

Texas Ethics Commission P.O. Bo	x 12070 Austin, Texas 7	78711-2070	(512)463	
MUTUAL FUNDS				PART 4
NOT APPLICABLE				
List each mutual fund and the num acquired during the calendar year a some or all of the shares of a mutu from the sale. For more informatio When reporting information about a providing the number under which	and indicate the category of al fund were sold, also ind n, see FORM PFSINSTF a dependent child's activity	of the number of shar icate the category of RUCTION GUIDE r, indicate the child a	res of mutual funds h the amount of the ne	eld or acquired. If et gain or loss realized
¹ MUTUAL FUND	American Funds Capital	NAI World Growth and Inc	··· -	
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	X SPOUSE	DEPENDENT CHIL	D
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
MUTUAL FUND	American Funds Growth	NAI Fund of America Inc	ИE	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D
	☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ DEPENDENT CHIL	D
HELD OR ACQUIRED BY NUMBER OF SHARES	LESS THAN 100	☐ 100 TO 499	<u> </u>	
NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999	∑ 500 TO 999 □ \$10,000 - \$24,999	☐ 1,000 TO 4,999
NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000	☐ 100 TO 499 ☐ 10,000 OR MORE ☐ \$5,000 - \$9,999	∑ 500 TO 999 □ \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE
NUMBER OF SHARES OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 AMERICAN Funds INCO	100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NAM ME FUND OF AMER	S 500 TO 999 S10,000 - \$24,999 ME ICA	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE

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

■ NET GAIN

☐ NET LOSS

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 7	8711-2070	(512)463	-5800	1-800-325-850
MUTUAL FUND	S					PART 4
☐ NOT APPLICABLE						
List each mutual fund and acquired during the calend some or all of the shares of from the sale. For more in When reporting information providing the number under	lar year and indicate of a mutual fund were formation, see FORI n about a dependent	the category of sold, also indicated the sold, also indicated the sold in the	of the number of shan icate the category of UCTION GUIDE , indicate the child a	res of mutual funds h the amount of the ne	eld or acqu et gain or lo	ired. If ss realized
¹ MUTUAL FUND	DWS Glol	bal Internationa	NAF			
² SHARES OF MUTUAL I HELD OR ACQUIRED E		ER.	X SPOUSE	DEPENDENT CHIL	D	
3 NUMBER OF SHARES OF MUTUAL FUND		S THAN 100 10 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	∑ 500 TO 999	☐ 1,000 T	O 4,999
4 IF SOLD NET GA		S THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000)OR MORE
MUTUAL FUND	Investmer	nt Company of A	NAN America Fund	AE		
SHARES OF MUTUAL I HELD OR ACQUIRED E	FT=H	ER .	SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHARES OF MUTUAL FUND	I	S THAN 100 0 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 T€	O 4,999
IF SOLD ☐ NET GAI		S THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE
MUTUAL FUND	ISHARES	DJ SELECT DI	NAN V FDSELECT DIVIDI			
SHARES OF MUTUAL F HELD OR ACQUIRED B	[FT-94	ER	SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHARES OF MUTUAL FUND	I =	S THAN 100 0 TO 9,999	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 T	O 4,999
IF SOLD ☐ NET GAI		S THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE
	COPY AND ATT	ACH ADDITIO	ONAL PAGES AS I	NECESSARY		

Texas Ethics Commission P.O. Bo	x 12070 Austin, Texas 7	78711-2070	(512)463	-5800 1-800-325-85
MUTUAL FUNDS				PART 4
☐ NOT APPLICABLE				
List each mutual fund and the num acquired during the calendar year a some or all of the shares of a mutu from the sale. For more information When reporting information about a providing the number under which	and indicate the category of all fund were sold, also ind n, see FORM PFS–INSTF a dependent child's activity	of the number of sha licate the category of RUCTION GUIDE v, indicate the child a	res of mutual funds h f the amount of the no	eld or acquired. If et gain or loss realized
¹ MUTUAL FUND	MFS Strategic Value Fur	NAI nd	ME	
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	.D
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999 :	X 1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE
MUTUAL FUND	New World Fund	NAI	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100		☐ 500 TO 999	1,000 TO 4,999
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
MUTUAL FUND	OPPENHEIMER DEVELO	NAN OPING Markets Fund		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	X spouse	DEPENDENT CHIL	D
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	100 TO 499 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 7	78711-2070	(512)463	-5800 1-	-800-325-8506		
MUTUAL FUND	S				P	ART 4		
☐ NOT APPLICABLE	·							
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFSINSTRUCTION GUIDE When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.								
¹ MUTUAL FUND	OPPE	NHEIMER INTERI	NA national DIVERsified	ME Fund				
² SHARES OF MUTUAL HELD OR ACQUIRED E		TILER	X SPOUSE	DEPENDENT CHIL	.D			
3 NUMBER OF SHARES OF MUTUAL FUND		ESS THAN 100 ,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999 E	X 1,000 TO	4,999		
4 IF SOLD NET GA		ESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,0000	OR MORE		
MUTUAL FUND	OPPEN	NHEIMER INT'L B		ME				
SHARES OF MUTUAL I HELD OR ACQUIRED E		ILER	X SPOUSE	DEPENDENT CHIL	D			
NUMBER OF SHARES OF MUTUAL FUND	-	ESS THAN 100 ,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO €	4,999		
IF SOLD NET GA		ESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,0000	OR MORE		
MUTUAL FUND	OPPEN	HEIMER SENIOR	NA R FLOATING RATE I	ME -und				
SHARES OF MUTUAL F HELD OR ACQUIRED E		ILER	X SPOUSE	DEPENDENT CHIL	D			
NUMBER OF SHARES OF MUTUAL FUND	=	ESS THAN 100 ,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	□ 500 TO 999 :	X 1,000 TO 4	1,999		
IF SOLD ☐ NET GAI ☐ NET LOS	1 -	ESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,0000	OR MORE		
	COPY AND A	TTACH ADDITION	ONAL PAGES AS	NECESSARY				

Texas Ethics Commission P.O. Bo	x 12070 Austin, Texas 7	78711-2070	(512)463	-5800	1-800-32	2 <u>5</u> -850
MUTUAL FUNDS					PART	4
☐ NOT APPLICABLE		_ ·				
List each mutual fund and the num acquired during the calendar year some or all of the shares of a mutu from the sale. For more information When reporting information about a providing the number under which	and indicate the category on the sald, also ind the see FORM PFSINSTF a dependent child's activity	of the number of sha licate the category o RUCTION GUIDE /, indicate the child a	res of mutual funds h f the amount of the n	eld or acquet gain or le	uired. If oss realiz	zed
¹ MUTUAL FUND	OPPENHEIMER STRAT	NA EGIC INCome Fund	ME			
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X spouse	DEPENDENT CHIL	_D		
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☑ 10,000 OR MORE	□ 500 TO 999	1,000 ⁻	ГО 4,999	
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	0OR MC	RE
MUTUAL FUND	PIMCO COMModity REA	NAI AL RETURN Fund	ME			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	X SPOUSE	DEPENDENT CHIL	.D		
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☒ 1,000 1	ГО 4,999	
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,00	0OR MO	RE
MUTUAL FUND	PIMCO Developing Local	NAP I Markets Fund	ME .			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	.D		
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	∑ 500 TO 999	□ 1,000 1	O 4,999	
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000)OR MO	RE

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 7	8711-2070	(512)463	-5800	1-800-325-850
MUTUAL FUND	MUTUAL FUNDS PART 4					
☐ NOT APPLICABLE						
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.						
¹ MUTUAL FUND	PIMCO	PIMCO EMERGING MARKETS BOND Fund				
² SHARES OF MUTUAL HELD OR ACQUIRED I		LER .	X spouse	DEPENDENT CHIL	.D	
3 NUMBER OF SHARES OF MUTUAL FUND	_	ESS THAN 100 000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	500 TO 999	⊠ 1,000 T	O 4,999
4 IF SOLD NET GA	·	ESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000)OR MORE
MUTUAL FUND.	PIMCO	PIMCO REAL RETURN Fund				
SHARES OF MUTUAL HELD OR ACQUIRED E		LER	X spouse	DEPENDENT CHIL	.D	
NUMBER OF SHARES OF MUTUAL FUND		ESS THAN 100 000 TO 9,999	100 TO 499	☐ 500 TO 999	☐ 1,000 T	O 4,999
IF SOLD NET GA	, L	ESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE
MUTUAL FUND	РІМСО	Total Return Fund	. NAR	ME		
SHARES OF MUTUAL F HELD OR ACQUIRED E		LER	X SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHARES OF MUTUAL FUND		SS THAN 100 000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☒ 1,000 T	O 4,999
IF SOLD ☐ NET GAI ☐ NET LOS	, L	SS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 7	8711-2070	(512)463	-5800	1-800-32	5-8506
MUTUAL FUNDS	;					PART	4
☐ NOT APPLICABLE							
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFSINSTRUCTION GUIDE When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.							
¹ MUTUAL FUND	SECT	NAME SECTOR SPDR UTIL SELECT SHARES OF BENEFICIAL INT					
² SHARES OF MUTUAL FI HELD OR ACQUIRED BY		FILER	SPOUSE	DEPENDENT CHIL	D		
3 NUMBER OF SHARES OF MUTUAL FUND		LESS THAN 100 5,000 TO 9,999	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999 ≣	☐ 1,000 T	O 4,999	
4 IF SOLD NET GAIN		LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MOF	RE
		,					
						•	
						,	
						•	
			•				
					,		
	COPY AND	ATTACH ADDITION	ONAL PAGES AS	NECESSARY			

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5						
☐ NOT APPLICABLE						
List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFSINSTRUCTION GUIDE.						
When reporting information abore providing the number under white			about whom you are reporting by			
1 SOURCE OF INCOME	Star One Federal Credit Unio	NAME AND AD on, Interest	DRESS			
·	166 8th Ave. Sunnyvale, CA 94089					
² RECEIVED BY	X FILER	X SPOUSE	DEPENDENT CHILD			
3 AMOUNT	☒ \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE			
SOURCE OF INCOME		NAME AND AD	DRESS			
	Wachovia Bank, Interest					
	1525 W WT Harris Blvd 385 Charlotte, NC 28262		·			
RECEIVED BY	☑ FILER	X SPOUSE	DEPENDENT CHILD			
AMOUNT	5500 - \$4,999	☒ \$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE			
SOURCE OF INCOME		NAME AND AD	DRESS			
SOURCE OF INCOME	Chase Bank, Interest					
	PO Box 260172 Baton Rouge, LA 70826					
RECEIVED BY	∑ FILER	X SPOUSE	DEPENDENT CHILD			
AMOUNT	☒ \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

INCOME FROM INT ☐ NOT APPLICABLE	TEREST, DIVIDEN	IDS, ROYAL	TIES & 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 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 SOURCE OF INCOME	Wachovia Securities, Divide One North Jefferson St. Louis, MO 63103	NAME AND AC	DORESS			
² RECEIVED BY	☑ FILER	X SPOUSE	DEPENDENT CHILD			
³ AMOUNT	X \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE			
SOURCE OF INCOME		NAME AND AD	DORESS			
	Charles Schwab, Dividends					
	101 Montgomery St. San Francisco, CA 94104		•			
RECEIVED BY	☑ FILER	X SPOUSE	DEPENDENT CHILD			
AMOUNT	X \$500 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE			
SOURCE OF INCOME		NAME AND AD	DRESS			
	National Financial Services,	Dividends				
	1295 State St. Springfield, MA 01111					
RECEIVED BY	☑ FILER	X SPOUSE	DEPENDENT CHILD			
AMOUNT	☐ \$500 - \$4,999	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 🗵 \$25,000OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS PART 5						
☐ NOT APPLICABLE						
	d rents during the calendar	year and indicate the	excess of \$500 that was derived from category of the amount of the income. For			
When reporting information about providing the number under who		-	about whom you are reporting by			
1 SOURCE OF INCOME	Rent	NAME AND A	DDRESS			
•	3906 Bailey St, Austin, TX 78756					
² RECEIVED BY	X FILER	X spouse	DEPENDENT CHILD			
3 AMOUNT	\$500 - \$4,999	5 5,000 - \$9,999				
SOURCE OF INCOME		NAME AND A	DORESS			
	Rent					
	610 Baylor St. Austin, TX 78703					
RECEIVED BY	☑ FILER	X SPOUSE	DEPENDENT CHILD			
AMOUNT	\$500 - \$4,999	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 🗵 \$25,000OR MORE			
SOURCE OF INCOME		NAME AND AD	DORESS			
	Rent					
	4410 NE 10th Ave Portland, OR 97211					
RECEIVED BY	∑ FILER	X SPOUSE	DEPENDENT CHILD			
AMOUNT	□ \$500 - \$4,999	X \$5,000 - \$9,999	☐ \$10,000 - \$24,999 ☐ \$25,000OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY						

INTERESTS IN REA	L PROPERT¥			PART 7A			
☐ NOT APPLICABLE	☐ 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 PFSINSTRUCTION GUIDE.							
When reporting information about providing the number under which			ld about whom you are	reporting by			
¹ HELD OR ACQUIRED BY	☐ FILER	SPOUSE	DEPENDENT CH	ILD			
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	610 Baylor St Austin, TX 78703 Travis	STREET ADDRESS, INCLUD	DING CITY, COUNTY AND STATE				
³ DESCRIPTION	NUM	BER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCA	ATED			
☑ LOTS ☐ ACRES	1 lot Residential						
4 NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Morrison, Laura Morrison, Philip						
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	X FILER	X SPOUSE	DEPENDENT CH	ILD			
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	3906 Bailey Lane Austin, TX 78756 Travis	STREET ADDRESS, INCLUD	DING CITY, COUNTY AND STATE				
DESCRIPTION		BER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCA	ATED			
☑ LOTS ☐ ACRES	1 lot Residential						
NAMES OF PERSONS RETAINING AN INTEREST	Morrison, Laura Morrison, Philip						
(SEVERED MINERAL INTEREST)							
IF SOLD	T 1500 TUAN 65 000	□ ds 000 do 000	T #40,000 #04,000	□ #05 000 00 H00=			
NET GAIN	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY							

Texas Ethics Commission P.O. Bo	ox 12070 Austin, Tex	xas 78711-2070	(512)463-58	300 1-800-325-8506
INTERESTS IN REAL	_ PROPERTY	·		PART 7A
☐ NOT APPLICABLE				
Describe all beneficial interests in calendar year. If the interest was a For an explanation of 'beneficial in INSTRUCTION GUIDE.	sold, also indicate the c	category of the amoun	nt of the net gain or loss re	alized from the sale.
When reporting information about providing the number under which			d about whom you are rep	orting by
1 HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD	
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	4410 NE 10th Ave Portland, OR 97211 Multnomah	STREET ADDRESS, INCLUDI	ING CITY, COUNTY AND STATE	
DESCRIPTION ☐ LOTS ☐ ACRES	NUM 1 lot Residential	BER OF LOTS OR ACRES AND I	NAME OF COUNTY WHERE LOCATED	
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Morrison, Laura Morrison, Philip Morrison, Benjamin			
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 [] \$25,000OR MORE

PERSONAL FINANCIAL STATEMENT PARTS MARKED 'NOT APPLICABLE' BY FILER

P.O. Box 12070

Rather than printing a page for each Part the filer checked 'Not Applicable,' this page summarizes whether the 'Not Applicable' checkbox was checked for each Part. If the checkbox is checked next to a Part below, then no pages for that Part should be present in the report. If a checkbox is not checked, then pages for that Part should be present in the report.

□ N/A	Part 1A - Sources of Occupational Income
⊠ N/A	Part 1B - Retainers
□ N/A	Part 2 - Stock
□ N/A	Part 3 - Bonds, Notes & Other Commercial Paper
□ N/A	Part 4 - Mutual Funds
□ N/A	Part 5 - Income from Interest, Dividends, Royalties & Rents
□ N/A	Part 6 - Personal Notes and Lease Agreements
□ N/A	Part 7A - Interests in Real Property
⊠ N/A	Part 7B - Interests in Business Entities
⊠ N/A	Part 8 - Gifts
⊠ N/A	Part 9 - Trust Income
⊠ N/A	Part 10A - Blind Trusts
⊠ N/A	Part 10B - Trustee Statement
⊠ N/A	Part 11A - Assets of Business Associations
⊠ N/A	Part 11B - Liabilities of Business Associations
⊠ N/A	Part 12 - Boards and Executive Positions
⊠ N/A	Part 13 - Expenses Accepted Under Honorarium Exception
⊠ N/A	Part 14 - Interest in Business in Common with Lobbyist
⊠ N/A	Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
⊠ N/A	Part 16 - Representation by Legislator Before State Agency
⊠ N/A	Part 17 - Benefits Derived from Functions Honoring Public Servant
⊠ N/A	Part 18 - Legislative Continuances

State of Texas County of Travis

VERIFICATION

I do solemnly swear that the preceding Financial Statement, filed herewith is in all things true and correct, and fully shows all information required to be reported by me pursuant to Section 2-7-72 City Code for the reporting period indicated.

Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME by this the day of , 200, to certify which witness my hand and seal.

Signature of Notary

(SEAL)

a: \sficncl1.wp5



PERSONAL F	INANCIAL STATEMENT		FORM PFS COVER SHEET
For filings required in 2	rdance with chapter 572 of the Government Code. 2011, covering calendar year ending December 31, 2010.	PAGE # Page # ACCOUNT #	age 1 of 29
1 NAME	- INSTRUCTION GUIDE when completing this form.	OFFIC	E USE ONLY
1 NAME	Ms. Laura	Date Received	E USE ONLY
,	NICKNAME, LAST, SUFFIX MORTISON		UST
2 ADDRESS	610 Baylor St. Austin, TX 78703	Receipt # HD / PM C	Manuer M C C C C C C C C C C C C C C C C C C C
	(CHECK IF FILER'S HOME ADDRESS)	Date Processed	70
3 TELEPHONE NUMBER	AREA CODE NUMBER: EXTENSION (512) 494-8702	Date Imaged	7
4 REASON FOR FILING STATEMENT	☐ CANDIDATE ☐ ELECTED OFFICER Austin City Council Place 4 ☐ APPOINTED OFFICER ☐ EXECUTIVE HEAD ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT ☐ STATE PARTY CHAIR		,
SPOUSE DEPENDENT CHILD 1.	financial activity you are reporting (filer must report information about ildren if the filer had actual control over that activity):		livity of the filer's
required to disclose not only over that person's financial	rill disclose your financial activity during the calendar year. In parts 1 y your own financial activity, but also that of your spouse or a depend activity. COPY AND ATTACH ADDITIONAL PAGES AS NECE	dent child if you ha	are ad actual control

Texas Ethics Commission P.	.O. Box 12070	Austin,	Texas 78711-2070	(512)463-5800	1-800-	-325-850
SOURCES OF OC	CUPATIO	NAL	INCOME		PART	1A
☐ NOT APPLICABLE			·			
When reporting information ab providing the number under wi	out a dependent	child's a	activity, indicate the chil	ld about whom you are reporting	by	
providing and manness success	illori u to come	3104 0	110 0010, a.,			
1 INFORMATION RELATES TO			<u> </u>			<u></u>
	│ Ø FILER		☐ SPOUSE	☐ DEPÉNDENT CHILD	•	
² EMPLOYMENT		1	<u>—</u>	EMPLOYER / POSITION HELD		
☑ EMPLOYED BY ANOTHER	R City of Aus	-4in	(Check if File	er's Home Address)		
	301 W. 2nd	d St.				
	Austin, TX	(78701				
	Austin City	/ Council	il Member, Place 4			
SELF-EMPLOYED				F OCCUPATION		
Class Tarris acc. acc	City Counc	il Membe	er			
INFORMATION RELATES TO	,					
	FILER		X SPOUSE	DEPENDENT CHILD		
EMPLOYMENT	+	N		EMPLOYER / POSITION HELD		
☑ EMPLOYED BY ANOTHER	R University o	~f Tayag	 ·	er's Home Address)		
 I	Physics De	ept.				
	1 Úniversity Austin, TX	y Station 78712	.			
	Professor			•		
SELF-EMPLOYED		• • • •	NATURE OF	OCCUPATION		
	Professor	-	<u></u> _	<u> </u>		
			·			

STOCK					PARI Z
☐ NOT APPLICAB	LE				
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.					
		pendent child's activity child is listed on the Co		bout whom you are r	eporting by
¹ BUSINESS ENTITY	·	American Electric Pow		AME	
2 STOCK HELD OR A	CQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D
³ NUMBER OF SHAF	RES	X LESS THAN 100 □ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY		ANADARKO PETROL		AME	
STOCK HELD OR A	CQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SHAR	≀ES	LESS THAN 100	☐ 100 TO 499	X 500 TO 999	1,000 TO 4,999
	- <u>-</u>	5,000 TO 9,999	10,000 OR MORE	: - 	
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY		BHP Billiton ADR New		ME	
STOCK HELD OR A	CQUIRED BY	☒ FILER	X SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHAR	ES	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-OR MORE
BUSINESS ENTITY		NAME Berkshire Hathaway			
STOCK HELD OR A	CQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHAR	ES	LESS THAN 100	X 100 TO 499☐ 10,000 OR MORE	☐ 500 TO 999	1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY		Cisco Systems Inc	NA	ME	
STOCK HELD OR A	CQUIRED BY	X FILER	SPOUSE	DEPENDENT CHILI	D
NUMBER OF SHAR	ES	LESS THAN 100	X 100 TO 499 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

Texas Ethics Commission	P.O. Box 12	070 Austin, Texas 7	8711-2070	(512)463	-5800 1-800-325-8506	
STOCK					PART 2	
☐ NOT APPLICABL	.E					
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 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 BUSINESS ENTITY		GENERAL ELECTRIC		AME		
2 STOCK HELD OR A	CQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D	
³ NUMBER OF SHAR	ES	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	□ 500 TO 999	X 1,000 TO 4,999	
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE	
BUSINESS ENTITY		INTL BUSINESS MAC		AME		
STOCK HELD OR A	CQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHAR	ES	LESS THAN 100	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999	
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE	
BUSINESS ENTITY		Ishares Trust S&P 500		ME		
STOCK HELD OR A	CQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHAR	ES	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO 4,999	
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	55,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE	
BUSINESS ENTITY		Ishares Russell 1000 \		ME		
STOCK HELD OR A	CQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D ·	
NUMBER OF SHARE	ES	☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	⊠ 500 TO 999	☐ 1,000 TO 4,999	
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE	
BUSINESS ENTITY		Ishares Trust Russell 2		ME		
STOCK HELD OR AC	CQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHARE	ES .	☑ LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999	
IF SOLD	□ NET GAIN □ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE	

STOCK					PART 2
☐ NOT APPLICABI	LE		•		
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.					eporting by
1 BUSINESS ENTITY		Ishares Trust Russell I		ME	
2 STOCK HELD OR A	CQUIRED BY	▼ FILER	X SPOUSE	DEPENDENT CHIL	D
³ NUMBER OF SHAR	RES	LESS THAN 100	X 100 TO 499 10,000 OR MORE	□ 500 TO 999	☐ 1,000 TO 4,999
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY		JPMORGAN CHASE (ME	
STOCK HELD OR A	CQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHAR	ES	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	∑ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
BUSINESS ENTITY		SPDR S&P 500 Midca		ME	
BUSINESS ENTITY STOCK HELD OR A	CQUIRED BY	SPDR S&P 500 Midca		ME DEPENDENT CHIL	D
			p 400 ETF	DEPENDENT CHIL	D 1,000 TO 4,999
STOCK HELD OR A		☑ FILER ☑ LESS THAN 100	D 400 ETF ☑ SPOUSE ☐ 100 TO 499	DEPENDENT CHIL	
STOCK HELD OR A NUMBER OF SHAR	ES	☒ FILER☒ LESS THAN 100☒ 5,000 TO 9,999	D 400 ETF SPOUSE 100 TO 499 10,000 OR MORE	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999	1,000 TO 4,999
STOCK HELD OR A NUMBER OF SHAR IF SOLD	ES NET GAIN NET LOSS	 ☒ FILER ☒ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 	D 400 ETF SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE
STOCK HELD OR A NUMBER OF SHAR IF SOLD BUSINESS ENTITY	NET GAIN NET LOSS CQUIRED BY	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Pfizer	D 400 ETF SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE
STOCK HELD OR A NUMBER OF SHAR IF SOLD BUSINESS ENTITY STOCK HELD OR A	NET GAIN NET LOSS CQUIRED BY	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ Pfizer ☐ FILER ☐ LESS THAN 100	400 ETF SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NAI	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 ME DEPENDENT CHILI	1,000 TO 4,999 \$25,000OR MORE 1,000 TO 4,999
STOCK HELD OR A NUMBER OF SHAR IF SOLD BUSINESS ENTITY STOCK HELD OR A NUMBER OF SHAR	NET GAIN NET LOSS CQUIRED BY ES	 ☒ FILER ☒ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Pfizer ☒ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 	400 ETF SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NAI	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHILI ☐ 500 TO 999 ☐ \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE 1,000 TO 4,999
STOCK HELD OR A NUMBER OF SHAR IF SOLD BUSINESS ENTITY STOCK HELD OR A NUMBER OF SHAR IF SOLD	INET GAIN INET LOSS CQUIRED BY ES INET GAIN INET LOSS	 ☒ FILER ☒ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 Pfizer ☒ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 	\$5,000 - \$9,999 10,000 OR MORE 100 TO 499 NAI	☐ DEPENDENT CHIL ☐ 500 TO 999 ☐ \$10,000 - \$24,999 ME ☐ DEPENDENT CHILI ☐ 500 TO 999 ☐ \$10,000 - \$24,999	1,000 TO 4,999 \$25,000OR MORE 1,000 TO 4,999 \$25,000OR MORE
STOCK HELD OR A NUMBER OF SHAR IF SOLD BUSINESS ENTITY STOCK HELD OR A NUMBER OF SHAR IF SOLD BUSINESS ENTITY	INET GAIN INET LOSS CQUIRED BY ES INET GAIN INET GAIN INET LOSS CQUIRED BY	X FILER X LESS THAN 100 □ 5,000 TO 9,999 □ LESS THAN \$5,000 Pfizer X FILER □ LESS THAN 100 □ 5,000 TO 9,999 □ LESS THAN \$5,000 Partnerre LTD	400 ETF SPOUSE 100 TO 499 10,000 OR MORE \$5,000 - \$9,999 NAI	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 ME DEPENDENT CHILI 500 TO 999 \$10,000 - \$24,999 ME	1,000 TO 4,999 \$25,000OR MORE 1,000 TO 4,999 \$25,000OR MORE
STOCK HELD OR A NUMBER OF SHAR IF SOLD BUSINESS ENTITY STOCK HELD OR A NUMBER OF SHAR IF SOLD BUSINESS ENTITY STOCK HELD OR A	INET GAIN INET LOSS CQUIRED BY ES INET GAIN INET GAIN INET LOSS CQUIRED BY	X FILER X LESS THAN 100 □ 5,000 TO 9,999 □ LESS THAN \$5,000 Pfizer X FILER □ LESS THAN 100 □ 5,000 TO 9,999 □ LESS THAN \$5,000 Partnerre LTD X FILER X LESS THAN 100	100 TO 499	DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 DEPENDENT CHIL 500 TO 999 \$10,000 - \$24,999 \$10,000 - \$24,999 DEPENDENT CHIL 500 TO 999	1,000 TO 4,999 \$25,000OR MORE 1,000 TO 4,999 \$25,000OR MORE

Texas Ethics Commission	P.O. Box 12	070 Austin, Texas 7	8711-2070	(512)463	-5800	1-800-32	5-8506
STOCK			×			PART	2
☐ NOT APPLICABLE							
List each business entity and indicate the category category of the amount of INSTRUCTION GUIDE.	of the number f the net gain	er of shares held or acc or loss realized from th	quired. If some or al ne sale. For more in	l of the stock was sol formation, see FORM	d, also indic 1 PFS	cate the	
When reporting information providing the number und				bout whom you are r	eporting by		
1 BUSINESS ENTITY		AT&T Inc	N/	AME			
2 STOCK HELD OR ACC	QUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	а		
³ NUMBER OF SHARES		X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	□ 500 TO 999	☐ 1,000 T	D 4,999	
⁴ IF SOLD □	NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MOI	RE
BUSINESS ENTITY		HCP inc	NA	ME			
STOCK HELD OR ACC	UIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D		
NUMBER OF SHARES	;	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	□ 500 TO 999	1,000 TO	7 4,999	
IF SOLD		LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MOF	₹E
	•						
					٠		
•	# # ··						ĺ
	COPY AN	D ATTACH ADDITIO	NAL PAGES AS N	IECESSARY	<u> </u>		\dashv

1-800-325-8506

BONDS, NOTES &	OTHER COMMER	RCIAL PAPE	R PART 3		
☐ NOT APPLICABLE	·				
List all bonds, notes and other c calendar year. If sold, indicate t information, see FORM PFS-IN	he category of the amount of	uired by you, your s the net gain or loss	spouse, or a dependent child during the srealized from the sale. For more		
When reporting information abore providing the number under white			about whom you are reporting by		
1 DESCRIPTION OF INSTRUMENT	EAST SIDE UN HIG Municipal Bond				
² HELD OR ACQUIRED BY					
	⊠ FILER	X SPOUSE	DEPENDENT CHILD		
3 IF SOLD		<u> </u>			
X NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE		
DESCRIPTION OF INSTRUMENT	SAN FRANCISCO CALIF M	unicipal Bond			
HELD OR ACQUIRED BY	X FILER	X spouse	DEPENDENT CHILD		
IF SOLD					
☑ NET GAIN ☐ NET LOSS	X LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE		
DESCRIPTION OF INSTRUMENT	SAN MARCOS CALIF Munic	cipal Bond			
HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD		
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY					

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 7	<u> 8711-2070 </u>	(512)463	-5800	1-800-325-8506
MUTUAL FUNDS	S				1	PART 4
☐ NOT APPLICABLE						
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFSINSTRUCTION GUIDE When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.						
1 MUTUAL FUND	AMERICA	AN Funds Amer	NA ican BALANCED Fur	ME nd .		
² SHARES OF MUTUAL F HELD OR ACQUIRED B		₽R	X SPOUSE	DEPENDENT CHIL	Δ	
3 NUMBER OF SHARES OF MUTUAL FUND	I =	S THAN 100 00 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	□ 500 TO 999 E	X 1,000 TC) 4, 999
4 IF SOLD NET GAIL NET LOS		S THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000-	-OR MORE
MUTUAL FUND	American	Funds Growth	NA Fund of America Inc	ME		
SHARES OF MUTUAL F HELD OR ACQUIRED B		R.	SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHARES OF MUTUAL FUND	· ·	S THAN 100 0 TO 9,999	X 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO	4,999
IF SOLD NET GAIN		S THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	-OR MORE
MUTUAL FUND	Investmen	nt Company of A	NAI America Fund	ME		
SHARES OF MUTUAL F HELD OR ACQUIRED B		iR	X SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHARES OF MUTUAL FUND		S THAN 100 D TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO	4,999
IF SOLD ☐ NET GAIN ☐ NET LOSS		S THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE

Texas Ethics Commission P.O. Box	x 12070 Austin, Texas 7	/8711-2070	(512)463	3-5800	1-800-325-850
MUTUAL FUNDS					PART 4
☐ NOT APPLICABLE					
List each mutual fund and the number acquired during the calendar year a some or all of the shares of a mutual from the sale. For more information When reporting information about a providing the number under which	and indicate the category of al fund were sold, also ind n, see FORM PFSINSTF a dependent child's activity	of the number of sha licate the category o RUCTION GUIDE v, indicate the child a	res of mutual funds h f the amount of the no	neld or acqu et gain or k	uired. If oss realized
1 MUTUAL FUND	AMERICAN Funds INCO		ME RICA		
	Cittled May V				
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	LD	
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	1,000 1	O 4,999
4 IF SOLD	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	0OR MORE
MUTUAL FUND	AMERICAN Funds CAPI	NAI TAL INCOME BUILDI	-		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF OUR DEC					
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☑ 500 TO 999 :	☐ 1,000 T	O 4,999
		10,000 OR MORE			·
OF MUTUAL FUND IF SOLD NET GAIN	□ 5,000 TO 9,999	10,000 OR MORE \$5,000 - \$9,999	\$10,000 - \$24,999		·
OF MUTUAL FUND IF SOLD NET GAIN NET LOSS	☐ 5,000 TO 9,999	10,000 OR MORE \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	
OF MUTUAL FUND IF SOLD NET GAIN NET LOSS MUTUAL FUND SHARES OF MUTUAL FUND	☐ 5,000 TO 9,999	10,000 OR MORE \$5,000 - \$9,999 NAME TAL WORLD GROWN	#E TH & INCOME Fund DEPENDENT CHILL 500 TO 999	\$25,000)OR MORE

☐ NET LOSS

Texas Ethics Commission P.O. B	ox 120/0 Austin, Texas	78/11-20/0	(512)463		1-800-325-8300
MUTUAL FUNDS					PART 4
☐ NOT APPLICABLE					
List each mutual fund and the nur acquired during the calendar year some or all of the shares of a mut from the sale. For more informati When reporting information about providing the number under which	and indicate the category of ual fund were sold, also inco on, see FORM PFSINSTF a dependent child's activity	of the number of sha dicate the category o RUCTION GUIDE y, indicate the child a	ares of mutual funds h of the amount of the n	neld or acqu et gain or lo	ired. If ess realized
1 MUTUAL FUND	ISHARES DJ SELECT D		ME DEND INDEX FD		
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	⊠ FILER	X SPOUSE	DEPENDENT CHIL	D	
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100		☐ 500 TO 999	☐ 1,000 T	O 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	O-OR MORE
MUTUAL FUND	Ishares DTR MSCI EAFE		ME		1.000
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☑ FILER	X SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHARES OF MUTUAL FUND	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 T	O 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE
MUTUAL FUND	AIM Mid Cap Core Equity	r Fund	ME		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	⊠ 500 TO 999	☐ 1,000 TO	O 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE

HELD OR ACQUIRED BY X FILER ☐ SPOUSE DEPENDENT CHILD ___ NUMBER OF SHARES LESS THAN 100 X 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 ☐ 10,000 OR MORE IF SOLD ■ NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000--OR MORE ■ NET LOSS

Texas Ethics Commission P.O. B	ox 12070	Austin, Texas	78711-2070	(512)463	-5800	1-800-32	5-8506
MUTUAL FUNDS						PART	4
☐ NOT APPLICABLE							
List each mutual fund and the nur acquired during the calendar year some or all of the shares of a mut from the sale. For more informati When reporting information about providing the number under which	and indicate ual fund wen on, see FOR a dependen	the category of the sold, also ind M PFS—INSTF t child's activity	of the number of sha licate the category o RUCTION GUIDE y, indicate the child a	res of mutual funds h f the amount of the n	eld or acqu et gain or lo	uired. If oss realiz	ed
1 MUTUAL FUND	OPPENH	EIMER DEVEL	NA OPING Markets Fund	ME d			
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILI	≣R	X SPOUSE	DEPENDENT CHIL	. Д		
3 NUMBER OF SHARES OF MUTUAL FUND		S THAN 100 OO TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☑ 1,000 ፲	O 4,999	
4 IF SOLD NET GAIN NET LOSS	LES	S THAN \$5,000	55,000 - \$9,999	\$10,000 - \$24,999	\$25,000	0OR MO	RE
MUTUAL FUND	OPPENH	EIMER INT'L B	NA OND Fund	ME			
							
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILE	ER .	X SPOUSE	DEPENDENT CHIL	D		
NUMBER OF SHARES OF MUTUAL FUND	=	S THAN 100 0 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 T	O 4,999	
IF SOLD NET GAIN NET LOSS	LES	S THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	O-OR MOI	₹E
MUTUAL FUND	OPPENHI	EIMER INTERN	NAI ational DIVERsified F				
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILE	R	X SPOUSE	DEPENDENT CHIL	D		
NUMBER OF SHARES OF MUTUAL FUND		S THAN 100 0 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 T	O 4,999	
IF SOLD NET GAIN	LES	S THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MOF	RE

LESS THAN 100

5,000 TO 9,999

OF MUTUAL FUND

■ NET GAIN

■ NET LOSS

IF SOLD

☐ 100 TO 499

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

X 10,000 OR MORE

☐ 500 TO 999

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

1,000 TO 4,999

Texas Ethics Commission	P.O. Box 12070	Austin, Texas	78711-2070	(512)463	-5800	1-800-325-850
MUTUAL FUND	S	,				PART 4
NOT APPLICABLE						
List each mutual fund and acquired during the calend some or all of the shares of from the sale. For more in When reporting information providing the number under	lar year and indicate of a mutual fund wen formation, see FOR n about a dependen	e the category of e sold, also inc tM PFSINSTF It child's activity	of the number of sha dicate the category of RUCTION GUIDE y, indicate the child a	res of mutual funds h f the amount of the n	neld or acqui et gain or los	red. If
¹ MUTUAL FUND	PIMCO E	MERGING MA	NA RKETS BOND Fund	ME		_
² SHARES OF MUTUAL I HELD OR ACQUIRED E		ER	X SPOUSE	DEPENDENT CHIL	.D	
3 NUMBER OF SHARES OF MUTUAL FUND	=	SS THAN 100 00 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	⊠ 1,000 TC) 4,999
4 IF SOLD NET GAI		SS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	-OR MORE
MUTUAL FUND	PIMCO In	vestment Grad	NAI e Corporate Bond	ME		
SHARES OF MUTUAL F HELD OR ACQUIRED B		iR	X SPOUSE	DEPENDENT CHIL	D	
NUMBER OF SHARES OF MUTUAL FUND		S THAN 100 00 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TC	4,999
IF SOLD ☐ NET GAI		S THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE
MUTUAL FUND	PIMCO CO	OMModity REA	NAM L RETURN Fund	AE.	·	
SHARES OF MUTUAL F HELD OR ACQUIRED B		R	X spouse	DEPENDENT CHILI	D	
NUMBER OF SHARES OF MUTUAL FUND	===	S THAN 100 0 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	□ 500 ТО 999	X 1,000 TO	4,999
IF SOLD NET GAIN	11-1-00	S THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE
	COPY AND ATT	ACH ADDITIC	NAL PAGES AS N	IECESSARY		

MUTUAL FUND	PIMCO Global Multi-Ass			
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHI	ъ
3 NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORI	☐ 500 TO 999	X 1,000 TO 4,999
4 IF SOLD	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	□ \$25,000OR MORE
MUTUAL FUND	PIMCO Developing Loca		ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	⊠ FILER	X spouse	DEPENDENT CHIL	LD
NUMBER OF SHARES OF MUTUAL FUND	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	⊠ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
MUTUAL FUND	PIMCO REAL RETURN	NAI Fund	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ▼ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TO 4,999
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE

Texas Ethics Commission

MUTUAL FUNDS

☐ NOT APPLICABLE

Texas Ethics Commission	P.O. Box 1	12070 Austin, Texas	78711-2070	(512)463	5-5800	1-800-325-8
MUTUAL FUNDS	S					PART 4
☐ NOT APPLICABLE			_			
List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS—INSTRUCTION GUIDE When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.						
¹ MUTUAL FUND		PIMCO Total Return Fur		ME		
² SHARES OF MUTUAL F HELD OR ACQUIRED B		☑ FILER	X SPOUSE	DEPENDENT CHIL	.D	
3 NUMBER OF SHARES OF MUTUAL FUND		LESS THAN 100	☐ 100 TO 499 ☑ 10,000 OR MORE	☐ 500 TO 999	☐ 1,000 TC	4,999
4 IF SOLD NET GAI		LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	-OR MORE
MUTUAL FUND		PIMCO Unconstrainted B		ME		"
SHARES OF MUTUAL F HELD OR ACQUIRED B		X FILER	X SPOUSE	DEPENDENT CHIL	.D	
NUMBER OF SHARES OF MUTUAL FUND		LESS THAN 100	100 TO 499	X 500 TO 999	☐ 1,000 TO	4,999
IF SOLD NET GAIN		LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE
MUTUAL FUND		Rochester Municipal Fund	IAN E	AE	·	
SHARES OF MUTUAL FO HELD OR ACQUIRED BY		☑ FILER	X SPOUSE	DEPENDENT CHILI	D	······
NUMBER OF SHARES OF MUTUAL FUND		LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MORE	☐ 500 TO 999	X 1,000 TO	4,999
IF SOLD NET GAIN NET LOSS		LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	OR MORE
	COPY A	ND ATTACH ADDITIO	NAL PAGES AS	NECESSARY		-

PART 4 MUTUAL FUNDS ☐ NOT APPLICABLE List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME ¹ MUTUAL FUND SECTOR SPDR FINANCIAL SELECT SHARES OF BENEFICIAL INT ² SHARES OF MUTUAL FUND X FILER X SPOUSE DEPENDENT CHILD _____ HELD OR ACQUIRED BY 3 NUMBER OF SHARES X LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND ☐ 10,000 OR MORE 5,000 TO 9,999 4 IF SOLD NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000--OR MORE □ NET LOSS MUTUAL FUND SECTOR SPDR TECH SELECT SHARES OF BENEFICIAL INT SHARES OF MUTUAL FUND X FILER X SPOUSE DEPENDENT CHILD ___ HELD OR ACQUIRED BY NUMBER OF SHARES X LESS THAN 100 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 ☐ 10,000 OR MORE IF SOLD NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000--OR MORE ■ NET LOSS NAME MUTUAL FUND SECTOR SPDR UTIL SELECT SHARES OF BENEFICIAL INT SHARES OF MUTUAL FUND X FILER X SPOUSE ■ DEPENDENT CHILD _ HELD OR ACQUIRED BY NUMBER OF SHARES LESS THAN 100 X 100 TO 499 ☐ 500 TO 999 1,000 TO 4,999 OF MUTUAL FUND 5,000 TO 9,999 ☐ 10,000 OR MORE IF SOLD ■ NET GAIN ☐ LESS THAN \$5,000 ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☐ \$25,000--OR MORE ■ NET LOSS **COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

PART 5 **INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS** ☐ NOT APPLICABLE List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS 1 SOURCE OF INCOME Star One Federal Credit Union 166 8th St. Sunnyvale, CA 94089 ² RECEIVED BY X FILER X SPOUSE ☐ DEPENDENT CHILD 3 AMOUNT **X** \$500 - \$4,999 \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000--OR MORE NAME AND ADDRESS SOURCE OF INCOME Wells Fargo Bank PO Box 3908 Portland, OR 97208 **RECEIVED BY** X FILER X SPOUSE DEPENDENT CHILD ____ **AMOUNT** \$500 - \$4,999 **\$5,000 - \$9,999** \$10,000 - \$24,999 \$25,000--OR MORE NAME AND ADDRESS SOURCE OF INCOME Charles Schwab 101 Montgomery St. San Francisco, CA 94104 **RECEIVED BY** X FILER X SPOUSE DEPENDENT CHILD ___ **AMOUNT** \$500 - \$4,999 X \$5,000 - \$9,999 \$10,000 - \$24,999 \$25,000-OR MORE **COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

1-800-325-8506

Austin, Texas 78711-2070

PART 5 **INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS** ■ NOT APPLICABLE List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS 1 SOURCE OF INCOME. National Financial Services 1295 State St. Springfield, MA 01111 ² RECEIVED BY X FILER X SPOUSE DEPENDENT CHILD 3 AMOUNT \$500 - \$4,999 **55,000 - \$9,999** \$10,000 - \$24,999 X \$25,000--OR MORE NAME AND ADDRESS SOURCE OF INCOME Rent 3906 Bailey Lane Austin, TX 78756 RECEIVED BY X FILER X SPOUSE DEPENDENT CHILD _____ **AMOUNT** \$500 - \$4,999 \$5,000 - \$9,999 NAME AND ADDRESS SOURCE OF INCOME Rent 610 Baylor St. Austin, TX 78703 RECEIVED BY X FILER X SPOUSE DEPENDENT CHILD ____ **AMOUNT** \$500 - \$4,999 \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 🔀 \$25,000--OR MORE COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission	P.O. Box 12070	Austin, Texas	78711-2070	(512)463	-5800	1-800-32	5-8506
INCOME FROM	INTEREST,	DIVIDE	NDS, ROYAL	TIES & RENT	'S	PART	5
☐ NOT APPLICABLE							
List each source of income interest, dividends, royalties more information, see FOR	and rents during	the calendar y	ear and indicate the				r
When reporting information providing the number under				about whom you are n	eporting by		
1 SOURCE OF INCOME	Rent		NAME AND AD	DDRESS			
	4410 NE 10 Portland, O	th St. R 97211					
² RECEIVED BY	X FIL	ER	X SPOUSE	DEPENDENT CHIL	D		
³ AMOUNT	\$50	0 - \$4,999	X \$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000	-OR MOI	RE
							Ì
							ĺ
							l
•							ı
	,						
	COPY AND ATT	ACH ADDITI	ONAL PAGES AS	NECESSARY			

PART 6 PERSONAL NOTES AND LEASE AGREEMENTS ☐ NOT APPLICABLE Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. PERSON OR INSTITUTION Chase Home Finance HOLDING NOTE OR LEASE AGREEMENT ² LIABILITY OF DEPENDENT CHILD X FILER X SPOUSE ³ GUARANTOR ⁴ AMOUNT **\$1,000 - \$4,999** ☐ \$5,000 - \$9,999 ☐ \$10,000 - \$24,999 ☒ \$25,000-OR MORE PERSON OR INSTITUTION Citimortgage **HOLDING NOTE OR** LEASE AGREEMENT LIABILITY OF X FILER X SPOUSE DEPENDENT CHILD **GUARANTOR AMOUNT \$1,000 - \$4,999** □ \$5,000 - \$9,999 □ \$10,000 - \$24,999 ☒ \$25,000--OR MORE

INTERESTS IN REA	L PROPERTY			PART /A
☐ NOT APPLICABLE				
Describe all beneficial interests in calendar year. If the interest was For an explanation of 'beneficial in INSTRUCTION GUIDE.	sold, also indicate the o	category of the amou	int of the net gain or los	s realized from the sale.
When reporting information about providing the number under which			ild about whom you are	reporting by
1 HELD OR ACQUIRED BY	⊠ FILER	X SPOUSE	DEPENDENT CH	HILD
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	610 Baylor St Austin, TX 78703 Travis	STREET ADDRESS, INCLU	DING CITY, COUNTY AND STATE	
3 DESCRIPTION [X] LOTS ACRES	าแผ 1 lot Residential	IBER OF LOTS OR ACRES ANI	D NAME OF COUNTY WHERE LOC	ATED
4 NAMES OF PERSONS RETAINING AN INTEREST In not applicable (severed mineral interest)	Morrison, Laura Morrison, Philip			
5 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	55,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
HELD OR ACQUIRED BY	X FILER	X SPOUSE	☐ DEPENDENT CH	ILD
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	3906 Bailey Lane Austin, TX 78756 Travis	STREET ADDRESS, INCLUD	DING CITY, COUNTY AND STATE	
DESCRIPTION LOTS ACRES	ими 1 lot Residential	BER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCA	ATED
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Morrison, Laura Morrison, Philip			
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	55,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE
COP	Y AND ATTACH ADD	ITIONAL DAGES A	S NECESSARY	

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 7	78711-2070	(512)463	-5800	1-800-32	25-8506
TRUST INCOME						PART	9
☐ NOT APPLICABLE							
Identify each source of inco category of the amount of in than \$500 in income, if the in	come received. A	Iso identify eac	th asset of the trust	from which the benefi	ciary receiv	ed more	•
When reporting information providing the number under				about whom you are r	eporting by		
¹ SOURCE	Mary J Ry	an Trust	NAME O	F TRUST			
² BENEFICIARY	X FILI	ER	SPOUSE	DEPENDENT CHIL	D		
3 INCOME	LES	S THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000	OR MO	RE
⁴ ASSETS FROM WHICH OVER \$500 WAS RECEIVED	VED Stocks and	i bonds					
. UNKNOWN							
						··· <u>·</u>	
					••		
				. •			
		•					
	COPY AND ATT	ACH ADDITIO	NAL PAGES AS I	NECESSARY	· -	_	\neg

1-800-325-8506

PERSONAL FINANCIAL STATEMENT PARTS MARKED 'NOT APPLICABLE' BY FILER

Rather than printing a page for each Part the filer checked 'Not Applicable,' this page summarizes whether the 'Not Applicable' checkbox was checked for each Part. If the checkbox is checked next to a Part below, then no pages for that Part should be present in the report. If a checkbox is not checked, then pages for that Part should be present in the report.

	N/A	Part 1A - Sources of Occupational Income				
X	N/A	Part 1B - Retainers				
	N/A	Part 2 - Stock				
	N/A	Part 3 - Bonds, Notes & Other Commercial Paper				
	N/A	Part 4 - Mutual Funds				
	N/A	Part 5 - Income from Interest, Dividends, Royalties & Rents				
	N/A	Part 6 - Personal Notes and Lease Agreements				
	N/A	Part 7A - Interests in Real Property				
X	N/A	Part 7B - Interests in Business Entities				
X	N/A	Part 8 - Gifts				
	N/A	Part 9 - Trust Income				
X	N/A	Part 10A - Blind Trusts				
X	N/A	Part 10B - Trustee Statement				
X	N/A	Part 11A - Assets of Business Associations				
X	N/A	Part 11B - Liabilities of Business Associations				
X	N/A	Part 12 - Boards and Executive Positions				
X	N/A	Part 13 - Expenses Accepted Under Honorarium Exception				
X	N/A	Part 14 - Interest in Business in Common with Lobbyist				
X	N/A	Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer				
X	N/A	Part 16 - Representation by Legislator Before State Agency				
X	N/A	Part 17 - Benefits Derived from Functions Honoring Public Servant				
X	N/A	Part 18 - Legislative Continuances				

(512)463-5800

1-800-325-8506

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

P.O. Box 12070

The law requires the personal financial statement to be vertied. The vertication 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.

AFFIX NOTARY STAMP / SEAL ABOVE

Mornson this the 4 day of April, 2011,

a Bliz Admin Specialish Swom to and subscribed before me by to certify which, witness my hand and seal of office.