PERSON	AL FINANCIAL STATEMENT		FORM PFS	
			COVER SHEET	
For filings requ	in accordance with chapter 572 of the Government Code. uired in 2010, covering calendar year ending December 31, 2009. RM PFSINSTRUCTION GUIDE when completing this form.	TOTAL NUMBER OF	PAGESFILED: POST	
1 NAME	TITLE; FIRST; MI	OFFIC	CE USE ONLY	
·	Cartophe J. NICKNAME; LAST: SUFFIX Riley	Date Received	CITY C	
2 ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 1310 Sam Antonio 4/ Avstm Tx 78701	-	LERK TIME	
	Avstm Tx 78701	Receipt #		
	(CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount	
3 TELEPHONE	AREA CODE PHONE NUMBER; EXTENSION	Date Processed		
NUMBER	(512-) 478-1299	Date imaged		
4 REASON FOR FILING STATEMENT	DELECTED OFFICER		(INDICATE AGENCY) (INDICATE AGENCY) (INDICATE PARTY) (INDICATE POSITION)	
dependent children	those financial activity you are reporting (filer must report information about the if the filer had actual control over that activity): HILD 1		of the filer's spouse of	
	2. 3.			
In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity. COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

SOURCES OF OCCU	PATIONAL	INCOME	PART 1A
☐ NOT APPLICABLE			
When reporting information about providing the number under which			child about whom you are reporting by
1 INFORMATION RELATES TO	FILER	SPOUSE	DEPENDENT CHILD
EMPLOYMENT EMPLOYED BYANOTHER	City P.O. Aust		OF EMPLOYER / POSITION HELD iler's Home Address)
SELF-EMPLOYED	Cy	Council Mu	DF OCCUPATION
INFORMATION RELATES TO	FILER	SPOUSE	DEPENDENT CHILD
EMPLOYMENT			OF EMPLOYER / POSITION HELD iler's Home Address)
EMPLOYED BY ANOTHER			
SELF-EMPLOYED		NATURE C	DF OCCUPATION
INFORMATION RELATES TO	FILER	SPOUSE	DEPENDENT CHILD
EMPLOYMENT			F EMPLOYER / POSITION HELD ler's Home Address)
EMPLOYED BY ANOTHER			
SELF-EMPLOYED			OF OCCUPATION
COPY A	ND ATTACH AD	DITIONAL PAGES A	S NECESSARY

RETAINERS	PART 1B
NOT APPLICABLE	
your spouse, or a dependent child services on a matter specified at the work actually performed during see FORM PFS-INSTRUCTION (
	t a dependent child's activity ,indicate the child about whom you are reporting by h the child is listed on the Cover Sheet.
1 FEE RECEIVED FROM	NAME AND ADDRESS
2 FEE DECEIVED DV	NAME OF BUSINESS
FEE 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
FEE RECEIVED FROM	NAME AND ADDRESS
FEE DEOENED DV	NAME OF BUSINESS
FEE 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 \$25,000-OR MORE
COPY A	AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK					PART 2
NOT APPLIC	ABLE				
and indicate the cat	egory of the num ount of the net ga		acquired.If some o	r all of the stock was	during the calendar yes sold, also indicate the n, see FORM PFS
When reporting information about a dependent child's activity , indicate the child about whom you are reportin providing the number under which the child is listed on the Cover Sheet.					ou are reporting by
¹ BUSINESS ENTIT	Υ		N	AME	
² STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	LD
3 NUMBER OF SHA	RES	LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOF	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	Υ		N.	AME	
STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	LD
NUMBER OF SHA	RES	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	1,000 TO 4,999
		☐ 5,000 TO 9,999	00 TO 9,999		
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000OR MORE
BUSINESS ENTIT	Y		N,	AME	
STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHIL	
AU MADED OF CUA	DE0	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
NUMBER OF SHA	RES	5,000 TO 9,999	☐ 10,000 OR MOR	E	
IF SOLD	NET GAIN	1	10,000 OR MOR \$5,000-\$9,999	\$10,000\$24,999	\$25,000OR MORE
	☐ NET GAIN ☐ NET LOSS	☐ 5,000 TO 9,999	\$5,000-\$9,999		\$25,000OR MORE
IF SOLD	NET GAIN NET LOSS	☐ 5,000 TO 9,999	\$5,000-\$9,999	\$10,000\$24,999	
IF SOLD BUSINESS ENTIT	NET GAIN NET LOSS Y ACQUIRED BY	☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	
BUSINESS ENTIT	NET GAIN NET LOSS Y ACQUIRED BY	☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ FILER	\$5,000-\$9,999	\$10,000\$24,999 ME DEPENDENT CHIL 500 TO 999	D
BUSINESS ENTIT	NET GAIN NET LOSS Y ACQUIRED BY	☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ FILER ☐ LESS THAN 100	\$5,000\$9,999 N/ SPOUSE 100 TO 499	\$10,000\$24,999 ME DEPENDENT CHIL 500 TO 999	D
BUSINESS ENTIT STOCK HELD OR NUMBER OF SHA	NET GAIN NET LOSS Y ACQUIRED BY RES NET GAIN NET LOSS	☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	\$5,000\$9,999 N/ SPOUSE 100 TO 499 10,000 OR MOR \$5,000\$9,999	\$10,000\$24,999 MME DEPENDENT CHIL 500 TO 999 E	D 1,000 TO 4,999
BUSINESS ENTITE STOCK HELD OR NUMBER OF SHA	NET GAIN NET LOSS Y ACQUIRED BY RES NET GAIN NET LOSS Y	☐ 5,000 TO 9,999 ☐ LESS THAN \$5,000 ☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999	\$5,000\$9,999 N/ SPOUSE 100 TO 499 10,000 OR MOR \$5,000\$9,999	\$10,000\$24,999 MME DEPENDENT CHIL 500 TO 999 E \$10,000-\$24,999	
BUSINESS ENTITE STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTITE	NET GAIN NET LOSS Y ACQUIRED BY RES NET GAIN NET LOSS Y ACQUIRED BY	5,000 TO 9,999	\$5,000\$9,999 SPOUSE 100 TO 499 10,000 OR MOR \$5,000\$9,999 NA	\$10,000-\$24,999 ME DEPENDENT CHIL 500 TO 999 E \$10,000-\$24,999 ME DEPENDENT CHIL 500 TO 999	
BUSINESS ENTIT STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR NUMBER OF SHA	NET GAIN NET LOSS Y ACQUIRED BY RES NET GAIN NET LOSS Y ACQUIRED BY RES	5,000 TO 9,999	\$5,000-\$9,999 SPOUSE	\$10,000\$24,999 MME DEPENDENT CHIL 500 TO 999 E \$10,000-\$24,999 MME DEPENDENT CHIL 500 TO 999 E	
BUSINESS ENTITE STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTITE STOCK HELD OR	NET GAIN NET LOSS Y ACQUIRED BY RES NET GAIN NET LOSS Y ACQUIRED BY RES NET GAIN NET GAIN NET GAIN NET GAIN NET GAIN NET GAIN	5,000 TO 9,999	\$5,000\$9,999 SPOUSE	\$10,000-\$24,999 MME DEPENDENT CHIL 500 TO 999 E DEPENDENT CHIL 500 TO 999 E \$10,000-\$24,999 E \$10,000-\$24,999	D 1,000 TO 4,999 \$25,000OR MORE D

BONDS, NOTES & O	THER COMME	RCIAL PAP	PER	PART 3
List all bonds, notes, and other co calendar year. If sold, indicate the information, see FORM PFS-INSTI When reporting information about providing the number under which	e category of the amoun RUCTION GUIDE. a dependent child's act	t of the net gain or ivity , indicate the	loss realized from the sa	ale. For more
DESCRIPTION OF INSTRUMENT				
² HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD	·
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000OR MORE
DESCRIPTION OF INSTRUMENT				
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD	
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999	\$25,000-OR MORE
DESCRIPTION OF INSTRUMENT				
HELD OR ACQUIRED BY	∏FILER	SPOUSE	DEPENDENT CHILD	
IF SOLD NET GAIN NET LOSS	□LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

MUTUAL FUNDS	PART 4
NOT APPLICABLE	
acquired during the calendar y some or all of the shares of a m	number of shares in that mutual fund that you, your spouse, or a dependent child held or ear and indicate the category of the number of shares of mutual funds held or acquired the nutual fund were sold, also indicate the category of the amount of the net gain or loss realized the nutual fund were sold. Also indicate the category of the amount of the net gain or loss realized the nutual funds.
	out a dependent child's activity ,indicate the child about whom you are reporting by ich the child is listed on the Cover Sheet.
1 MUTUAL FUND	Fidelity Prime Found Douby Money Class
2 SHARES OF MUTUAL FUND HELD ORACQUIRED BY	FILER SPOUSE DEPENDENT CHILD
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD NET GAI	LESS THAN \$5,000 S5,000-\$9,999 S10,000-\$24,999 \$25,000-OR MORE
MUTUAL FUND	American Capital World Growth and Income
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAI	LESS THAN \$5,000 \$5,000\$9,999 \$10,000\$24,999 \$25,000OR MORE
MUTUAL FUND	Van Kampen Comstock
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD NET GAIR	LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE
	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS				PART 4	
NOTAPPLI	CABLE				
acquired during the some or all of the st	e calendar year and hares of a mutual fu	er of shares in that mut d indicate the category and were sold, also indic ee FORM PFSINSTR	of the number of state the category of	shares of mutual fun	ds held or acquired. If
When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.					
1 MUTUAL FUND		Van Kang		by and Inc	come
² SHARES OF MUTU HELD OR ACQUIR		FILER	SPOUSE	DEPENDENT CHI	LD
3 NUMBER OF SHAP OF MUTUAL FUND		☐ LESS THAN 100	☐ 100 TO 499 ☐ 10,000 OR MOF	☐ 500 TO 999	1,000 TO 4,999
4 IF SOLD	☐ NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	☐ \$25,000OR MORE
MUTUAL FUND		Franklu:		ME	
SHARES OF MUTU HELD OR ACQUIR		FILER	SPOUSE	DEPENDENT CHIL	LD
NUMBER OF SHAF OF MUTUAL FUND	•	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	1,000 TO 4,999
IF SOLD	☐ NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	☐ \$25,000OR MORE
MUTUAL FUND			NA	ME	
SHARES OF MUTU HELD OR ACQUIRE		FILER	SPOUSE	DEPENDENT CHIL	.D
NUMBER OF SHARES OF MUTUAL FUND		LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999 E	☐ 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
	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

INCOME FROM INTE	REST, DIVIDE	NDS, ROYA	LTIES & REN	ITS PART 5
NOTAPPLICABLE		_		
List each source of income you, y interest, dividends, royalties, and remore information, see FORM PFS	ents during the calendar	year and indicate the		
When reporting information abou providing the number under which			e child about whom	you are reporting by
1 SOURCE OF INCOME	Reut from the 1310 Austri		DADDRESS #3: D #4: A	rand Neseuholtz my Rushing
² RECEIVED BY	FILER	SPOUSE	☐ DEPENDENT C	CHILD
3 AMOUNT	\$500\$4,999	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
SOURCE OF INCOME		NAME AN	D ADDRESS	· · · · · · · · · · · · · · · · · · ·
	Dividud			
RECEIVED BY	FILER	SPOUSE	☐ DEPENDENT C	HILD
AMOUNT	\$500\$4,999	S5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
SOURCE OF INCOME		NAME AND) ADDRESS	
RECEIVED BY	FILER	SPOUSE	☐ DEPENDENT C	HILD
AMOUNT	\$500\$4,999	55,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

PERSONAL NOTES AND LEASE AGREEMENTS PART 6 NOT APPLICABLE Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability or 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 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 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT LIABILITY OF FILER SPOUSE DEPENDENT CHILD _____ **GUARANTOR** \$5,000~\$9,999 \$10,000~\$24,999 \$25,000~OR MORE **AMOUNT** \$1,000-\$4,999 COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL	PROPERTY	PAR	т 7А			
■ NOT APPLICABLE						
Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from these For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS—INSTRUCTION GUIDE						
When reporting information about providing the number under which		dicate the child about whom you are reporting Sheet.	g by			
1 HELD OR ACQUIRED BY	☐FILER ☐ SPOU	SE DEPENDENT CHILD				
2 STREET ADDRESS NOTAVAILABLE CHECK IF FILER'S HOME ADDRESS	1310 Sau Autorio Avstin, Traves Co	•				
DESCRIPTION LOTS LACRES	0.1293 acres Towns County, TX	OR ACRES AND NAME OF COUNTY WHERE LOCATED				
4 NAMES OF PERSONS RETAINING AN INTEREST Ont applicable (SEVERED MINERAL INTEREST)	Care Vile	7				
F SOLD NET GAIN NET LOSS	LESS THAN \$5,000 S5,0	000\$9,999	MORE			
HELD OR ACQUIRED BY	☐FILER ☐ SPOU	SÉ DEPENDENT CHILD				
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADD	RESS, INCLUDING CITY, COUNTY, AND STATE				
DESCRIPTION LOTS ACRES	NUMBER OF LOTS (OR ACRES AND NAME OF COUNTY WHERE LOCATED				
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)						
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000 S5,0	00-\$9,999 \$10,000-\$24,999 \$25,000OR	MORE			
COPY A	ID ATTACH ADDITIONAL PA	AGES AS NECESSARY				

INTERESTS IN BUSI	NESS ENTITIES PART 7B			
NOT APPLICABLE				
calendar year. If the interest was s	business entities held or acquired by you, your spouse, or a dependent child during the old, also indicate the category of the amount of the net gain or loss realized from the anterest" and other specific directions for completing this section, see FORM PFS—			
	a dependent child's activity , indicate the child about whom you are reporting by the child is listed on the Cover Sheet.			
1 HELD OR ACQUIRED BY	FILER SPOUSE DEPENDENT CHILD			
² DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address)			
3 IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000-\$9,999 ☐ \$10,000-\$24,999 ☐ \$25,000-OR MORE			
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
DESCRIPTION	NAME AND ADDRESS [Check If Filer's Home Address)			
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000 \$5,000\$9,999 \$10,000-\$24,999 \$25,000OR MORE			
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD			
DESCRIPTION	NAME AND ADDRESS (Check If Filer's Home Address)			
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000 \$5,000\$9,999 \$10,000-\$24,999 \$25,000-OR MORE			
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

DESCRIPTION OF GIFT

TRUST INCOME				PART 9	
NOT APPLICABLE				and the second second	
Identify each source of income rec category of the amount of income than \$500 in income, if the identity	received.Also identify ea	ich asset of the tru	st from which the be	neficiary receivednore	
When reporting information about a dependent child'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		, NAME C	OF TRUST		
² BENEFICIARY	FILER	SPOUSE	DEPENDENT (CHILD	
INCOME	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
ASSETS FROM WHICH OVER \$500 WAS RECEIVED					
UNKNOWN					
SOURCE		. NAME C	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					
SOURCE		NAME O	FTRUST		
BENEFICIARY	FILER	SPOUSE	DEPENDENT C	HILD	
INCOME	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999	\$25,000-OR MORE	
ASSETS FROM WHICH OVER \$500 WAS RECEIVED					
UNKNOWN					
COPY A	ND ATTACH ADDITIO	NAL PAGES AS	NECESSARY		

1-800-325-8506

BLIND TRUSTS			PART 10A
NOT APPLICABLE			
Identify each blind trust that comp	lies with section 572.023	3(c) of the Government	nent Codeee FORM PFSINSTRUCTION
When reporting information about providing the number under which			e child about whom you are reporting by
1 NAME OF TRUST			
² TRUSTEE		NAME AF	ND ADDRESS
3 BENEFICIARY	FILER	SPOUSE	DEPENDENT CHILD
⁴ FAIR MARKETVALUE	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000\$24,999 \$25,000OR MORE
DATE CREATED			
NAME OF TRUST			
TRUSTEE		NAME A	ND ADDRESS
BENEFICIARY	FILER	SPOUSE	DEPENDENT CHILD
FAIR MARKETVALUE	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999 \$25,000-OR MORE
DATE CREATED			
NAME OF TRUST		·	
TRUSTEE		NAME AN	ID ADDRESS
BENEFICIARY	FILER	SPOUSE	DEPENDENT CHILD
FAIR MARKETVALUE	LESS THAN \$5,000	\$5,000\$9,999	\$10,000-\$24,999 \$25,000-OR MORE
DATE CREATED			
COPY A	ND ATTACH ADDITION	NAL PAGES AS	NECESSARY

PART 10B

TRUS	TEE	STAT	EME	NT
	/			

P.O. Box 12070

NOT APPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10AThe 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	Laffirm under negative of perjury that I have not revealed any information to the heneficiary 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 trusther 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 penury 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 undeChapter 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 subchaptene individual must fie 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.

P.O. Box 12070 (512) 463-5800 ASSETS OF BUSINESS ASSOCIATIONS PART 11A NOT APPLICABLE Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity , indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS **BUSINESS** (Check If Filer's Home Address) **ASSOCIATION** ² BUSINESS TYPE 3 HELD, ACQUIRED, FILER SPOUSE DEPENDENT CHILD -OR SOLD BY 4 ASSETS DESCRIPTION CATEGORY LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5,000 **7**\$5,000-\$9,999 \$10,000--\$24,999 \$25,000-OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000-\$24,999 \$25,000~OR MORE LESS THAN \$5,000 \$5,000-\$9,999 \$10,000--\$24,999 \$25,000-OR MORE LESS THAN \$5,000 \$5,000-\$9,999 \$10,000--\$24,999 \$25,000-OR MORE \$5,000-\$9,999 LESS THAN \$5,000 \$10,000--\$24,999 \$25,000--OR MORE \$5,000-\$9,999 LESS THAN \$5,000 \$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 LIABILITIES OF BUSINESS ASSOCIATIONS PART 11B NOT APPLICABLE Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information see FORM PFS-INSTRUCTION GUIDE When reporting information about a dependent child's activity , indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS **BUSINESS** (Check If Filer's Home Address) **ASSOCIATION** ² BUSINESS TYPE 3 HELD, ACQUIRED, FILER SPOUSE DEPENDENT CHILD -OR SOLD BY CATEGORY DESCRIPTION LIABILITIES LESS THAN \$5,000 \$5,000-\$9,999 \$10,000--\$24,999 ■ \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000-OR MORE \$5,000-\$9,999 LESS THAN \$5,000 \$25,000-OR MORE \$10,000--\$24,999 LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000-OR MORE LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE LESS THAN \$5,000 \$5,000-\$9,999 \$10,000-\$24,999 \$25,000-OR MORE \$5,000--\$9,999 LESS THAN \$5,000 \$10,000-\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000-OR MORE

Texas Ethics Commission Austin, Texas 78711-2070 (512) 463-5800 P.O. Box 12070 1-800-325-8506 BOARDS AND EXECUTIVE POSITIONS PART 12 ■ NOT APPLICABLE List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position heldFor more information, see FORM PFS-INSTRUCTION GUIDE. When reporting information about a dependent child's activity , indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. Capital Area Metropolitan Planning Organitation **ORGANIZATION** Member, Bd. of Directors **POSITION HELD** [] FILER POSITION HELD BY SPOUSE DEPENDENT CHILD _____ Capital Metro **ORGANIZATION** Member, Bd. of Directors **POSITION HELD** FILER SPOUSE DEPENDENT CHILD _____ POSITION HELD BY Capital Area Council of Governments **ORGANIZATION** Member, Bd. of Directors **POSITION HELD** FILER SPOUSE DEPENDENT CHILD _____ **POSITION HELD BY**

Texas Momeipal league

Member, Bd. of Directors

SPOUSE

SPOUSE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

FILER

FILER

ORGANIZATION

POSITION HELD

ORGANIZATION

POSITION HELD

POSITION HELD BY

POSITION HELD BY

DEPENDENT CHILD _____

DEPENDENT CHILD _____

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION	PART 13

NOT APPLICABLE Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b)

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

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

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST PART 1				
NOT APPLICABLE				
sional association, joint venture, or	other business asse person registered a	ociation, other than a p is a lobbyist under chap	partnership, professional corporation, pfes- publicly-held corporation, in which you, your ter 305 of the Government Code that both h	
¹ BUSINESS ENTITY		NAME AI	ND ADDRESS	
² INTEREST HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
BUSINESS ENTITY	NAME AND ADDRESS			
INTEREST HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
BUSINESS ENTITY		NAME AN	ID ADDRESS	
INTEREST HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
BUSINESS ENTITY		NAME AN	ID ADDRESS	
INTEREST HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
BUSINESS ENTITY	NAME AND ADDRESS			
INTEREST HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER NOT APPLICABLE PART 15				
Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyistReport the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS—INSTRUCTION GUIDE				
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000—\$24,999	\$25,000~OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000—\$24,999	\$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				`
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000-OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000~OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

REPRESENTATION BY LEGISLATOR BEFORE STATE AGENCY NOT APPLICABLE This section applies only to members of the Texas Legislature. A member of theTexas Legislature who represents a person for compensation before a st ate agency in the executive branch must provide the name of the agency the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFS—INSTRUCTION GUIDE. Note: Beginning September 1, 2003, legislators may not, for compensation, represent another person before a state agency in the executive branch. The prohibition does not apply if: (1) the representation is pursuant to an attorney/client relationship in a criminal law matter; (2) the representation involves the filing of documents that involve only ministerialtac on the part of the agency; or (3) the representation is in regard to a matter for which the legislator was hired before September 1, 2003. 1 STATE AGENCY PERSON REPRESENTED

² 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	\$25,000-OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000-OR MORE
STATE AGENCY				
PERSON REPRESENTED				
FEE CATEGORY	LESS THAN \$5,000	\$5,000-\$9,999	\$10,000-\$24,999	\$25,000OR MORE
COPY AI	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

BENEFITS DERIVED FROM FUNCTIONS HONORING **PUBLIC SERVANT**

P.O. Box 12070

PART 17

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapte 257 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision a benefitis received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable hereor more information, see FORM PFS-INSTRUCTION GUIDE.

,	
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	OPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LEGISLATIVE CONT	INUANCES	3		PART 18
NOT APPLICABLE				
Identify any legislative continue and Remedies Code, or under grounds that an attorney for a	r another law or ru	le that requires or permi	its a court to grant contin	
1 NAME OF PARTY REPRESENTED				
² DATE RETAINED				
3 STYLE, CAUSE NUMBER, COURT & JURISDICTION			·	
DATE OF CONTINUANCE APPLICATION				
5 WAS CONTINUANCE GRANTED?	YES	□ио		
NAME OF PARTY REPRESENTED				
DATE RETAINED				
STYLE, CAUSE NUMBER, COURT, & JURISDICTION				
DATE OF CONTINUANCE APPLICATION			`	
WAS CONTINUANCE GRANTED?	YES	□ NO		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

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

> > Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by	the said <u>Mhis Rum</u> , to certify which, witness my hand and	_, this the 30 day of seal of office.
Ren	Ryna Puiz	Admin Specialist
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

PERSONAL FINANCIAL STATEMENT

FORM PFS COVER SHEET

For filings requ	in accordance with chapter 572 of the Government Code. uired in 2010, covering calendar year ending December 31, 2009. RM PFSINSTRUCTION GUIDE when completing this form.	TOTAL NUMBER OF PAGES FILED:
1 NAME	TITLE; FIRST; MI Christopher J. NICKNAME; LAST; SUFFIX Riley	OFFICE SE ONLY Date Received RECL
2 ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE [310 San Antonio # Austin, TX 7870 (CHECK IF FILER'S HOME ADDRESS)	CEIVED CEIVED Receipt # 07
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (512) 478 - 1299	Date Processed Date Imaged
4 REASON FOR FILING STATEMENT	□ CANDIDATE □ CELECTED OFFICER □ AUSTIN City Council, Place □ APPOINTED OFFICER □ EXECUTIVE HEAD □ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT □ STATE PARTY CHAIR □ OTHER	(INDICATE AGENCY) (INDICATE AGENCY) (INDICATE PARTY)
dependent children	hose financial activity you are reporting (filer must report information about the fif the filer had actual control over that activity): HILD 1	inancial activity of the filer's spouse or
	3	

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission

SOURCES OF OCCU	PATIONAL INCOME PART 1A
NOTAPPLICABLE	···
	t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.
1 INFORMATION RELATES TO	FILER SPOUSE DEPENDENT CHILD
² EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD (Check If Filer's Home Address)
☐ EMPLOYED BY ANOTHER	City of Austin P.O. Box 1088 Austin, TX 78767
SELF-EMPLOYED	NATURE OF OCCUPATION City Council Member
INFORMATION RELATES TO	DEPENDENT CHILD
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD (Check If Filer's Home Address)
☐ EMPLOYED BY ANOTHER	
SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD (Check If Filer's Home Address)
EMPLOYED BY ANOTHER	
SELF-EMPLOYED	NATURE OF OCCUPATION
COPY A	ND ATTACH ADDITIONAL PAGES AS NECESSARY

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

STOCK					PART 2
NOTAPPLIC	CABLE				
and indicate the ca	tegory of the numb mount of the net	, your spouse, or a dep per of shares held or ac gain or loss realized	quired. If some or	r all of the stock was	sold, also indicate the
		dependent child's ac child is listed on the Co		child about whom	you are reporting by
¹ BUSINESS ENTIT	ΓY		N	AME	
² STOCK HELD OR	ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	LD
3 NUMBER OF SHA	ARES	☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MOF	☐ 500 TO 999 RE	☐ 1,000 TO 4,999
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
BUSINESS ENTIT	ſΥ		N/	AME	
STOCK HELD OR	ACQUIRED BY	☐ FILER	SPOUSE	DEPENDENT CHIL	D
NUMBER OF SHA	ARES	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	· · · · · · · · · · · · · · · · · · ·	☐ 5,000 TO 9,999	☐ 10,000 OR MOR	IE	
IF SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
					
BUSINESS ENTIT	Y		NA NA	AME	
BUSINESS ENTIT		FILER	NA	ME DEPENDENT CHIL	_D
· <u> </u>	ACQUIRED BY	☐ FILER ☐ LESS THAN 100 ☐ 5,000 TO 9,999		DEPENDENT CHIL	_D 1,000 TO 4,999
STOCK HELD OR	ACQUIRED BY	LESS THAN 100	☐ SPOUSE ☐ 100 TO 499	DEPENDENT CHIL	
STOCK HELD OR NUMBER OF SHA	ARES NET GAIN NET LOSS	LESS THAN 100	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999	DEPENDENT CHIL	☐ 1,000 TO 4,999
STOCK HELD OR NUMBER OF SHA	ACQUIRED BY ARES NET GAIN NET LOSS	LESS THAN 100	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$10,000\$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT	ACQUIRED BY ARES NET GAIN NET LOSS Y ACQUIRED BY	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$10,000\$24,999	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT	ACQUIRED BY ARES NET GAIN NET LOSS Y ACQUIRED BY	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999 NA	☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$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 ENTIT	ACQUIRED BY ARES NET GAIN NET LOSS Y ACQUIRED BY	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 FILER LESS THAN 100	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999 NA ☐ SPOUSE ☐ 100 TO 499	☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$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 ENTIT STOCK HELD OR NUMBER OF SHA	ACQUIRED BY ARES NET GAIN NET LOSS ACQUIRED BY ARES NET GAIN NET GAIN NET GAIN NET GAIN	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 FILER LESS THAN 100 5,000 TO 9,999	□ SPOUSE □ 100 TO 499 □ 10,000 OR MOR □ \$5,000\$9,999 NA □ SPOUSE □ 100 TO 499 □ 10,000 OR MOR □ \$5,000\$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$10,000\$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 E	☐ 1,000 TO 4,999 ☐ \$25,000OR MORE D ☐ 1,000 TO 4,999
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR NUMBER OF SHA IF SOLD	ACQUIRED BY ARES NET GAIN NET LOSS ACQUIRED BY ARES NET GAIN NET GAIN NET LOSS	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 FILER LESS THAN 100 5,000 TO 9,999	□ SPOUSE □ 100 TO 499 □ 10,000 OR MOR □ \$5,000\$9,999 NA □ SPOUSE □ 100 TO 499 □ 10,000 OR MOR □ \$5,000\$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$10,000\$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$10,000\$24,999	□ 1,000 TO 4,999 □ \$25,000OR MORE □ 1,000 TO 4,999 □ 1,000 TO 4,999 □ \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT	ACQUIRED BY ARES NET GAIN NET LOSS ACQUIRED BY ARES NET GAIN NET GAIN NET GAIN NET LOSS Y ACQUIRED BY	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 FILER LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999 NA ☐ SPOUSE ☐ 10,000 OR MOR ☐ \$5,000\$9,999	☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$10,000\$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$10,000\$24,999 ME	□ 1,000 TO 4,999 □ \$25,000OR MORE □ 1,000 TO 4,999 □ 1,000 TO 4,999 □ \$25,000OR MORE
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR	ACQUIRED BY ARES NET GAIN NET LOSS ACQUIRED BY ARES NET GAIN NET GAIN NET GAIN NET LOSS Y ACQUIRED BY	LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000 FILER LESS THAN 100 5,000 TO 9,999 LESS THAN \$5,000	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999 NA ☐ SPOUSE ☐ 10,000 OR MOR ☐ \$5,000\$9,999 NA	☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$10,000\$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$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
STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR NUMBER OF SHA IF SOLD BUSINESS ENTIT STOCK HELD OR	ACQUIRED BY ARES NET GAIN NET LOSS ACQUIRED BY ARES NET GAIN NET GAIN NET GAIN NET LOSS Y ACQUIRED BY	LESS THAN 100	☐ SPOUSE ☐ 100 TO 499 ☐ 10,000 OR MOR ☐ \$5,000\$9,999 NA ☐ SPOUSE ☐ 10,000 OR MOR ☐ \$5,000\$9,999 NA	☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$10,000\$24,999 ME ☐ DEPENDENT CHIL ☐ 500 TO 999 E ☐ \$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

BONDS, NOTES & O	THER COMME	RCIAL PAP	PER PART 3
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 about providing the number under which the state of the			e child about whom you are reporting by
DESCRIPTION OF INSTRUMENT			
² HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD
IF SOLD	☐ LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
☐ NET LOSS		-	· · ·
DESCRIPTION OF INSTRUMENT			
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
DESCRIPTION OF INSTRUMENT			
HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHILD
IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

MUTUAL FL	JNDS	·		PART 4
NOTAPPLIC	CABLE			
acquired during the some or all of the sh	e calendar year and nares of a mutual fu	d indicate the category	of the number of s cate the category o	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 Co		e child about whom you are reporting by
1 MUTUAL FUND				AME
		Fidelity Prime	Fund Daily	Money Class
2 SHARES OF MUTU HELD OR ACQUIR		FILER	SPOUSE	DEPENDENT CHILD
3 NUMBER OF SHAF OF MUTUAL FUND		LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999 ☐ 1,000 TO 4,999
OF MUTOALT GIVE		☐ 5,000 TO 9,999	10,000 OR MOR	RE
4 IFSOLD	☐ NET GAIN	LESS THAN \$5,000	T \$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
	☐ NET LOSS			
MUTUAL FUND		American Cap		Growth and Income
SHARES OF MUTU HELD OR ACQUIRE		FILER	SPOUSE	DEPENDENT CHILD
NUMBER OF SHAP		LESS THAN 100	☑ 100 TO 499	☐ 500 TO 999 ☐ 1,000 TO 4,999
OF MUTUAL FUND		☐ 5,000 TO 9,999	☐ 10,000 OR MOR	tE.
IF SOLD	☐ NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
MUTUAL FUND			NA	
		Van Kampun	1 Comstock	
SHARES OF MUTU HELD OR ACQUIRE		FILER	SPOUSE	DEPENDENT CHILD
NUMBER OF SHAR		LESS THAN 100	100 TO 499	☐ 500 TO 999 ☐ 1,000 TO 4,999
OF MICTORET CITE		☐ 5,000 TO 9,999	☐ 10,000 OR MOR	i E
IF SOLD	☐ NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
	COPY	AND ATTACH ADDITION	NAL PAGES AS NE	ECESSARY

MUTUALFUNDS				PART 4
NOTAPPLICABLE				
List each mutual fund and the number acquired during the calendar year and some or all of the shares of a mutual further from the sale. For more information, so when reporting information about a	d indicate the category and were sold, also indi ee FORM PFSINSTF	of the number of cate the category of RUCTION GUIDE.	shares of mutual fun of the amount of the r	ds held or acquired. If net gain or loss realized
providing the number under which the			o dima about whom	
1 MUTUAL FUND	Van Kampe		ad Income	
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CH	ILD
3 NUMBER OF SHARES	LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	4,999 TO 4,999
OF MUTUAL FUND	□ 5,000 ТО 9,999	☐ 10,000 OR MOI	RE	•
4 IF SOLD	LESS THAN \$5,000	55,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
MUTUAL FUND		N/	AME	
·	Franklin II	acome		
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHI	LD
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 MOF	RE	
IF SOLD ☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
MUTUAL FUND		NA.	ME	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	FILER	SPOUSE	DEPENDENT CHIL	
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 MOR	E	
IF SOLD NET GAIN	LESS THAN \$5,000	\$5,000\$9,999	\$10,000\$24,999	☐ \$25,000OR MORE
☐ ŅET LOSS				
СОРУ	AND ATTACH ADDITION	NAL PAGES AS NE	CESSARY	

INCOME FROM INTE	REST, DIVID	ENDS, ROYA	LTIES & RENTS PART 5
NOTAPPLICABLE		:	
	ents during the calend	lar year and indicate th	d in excess of \$500 that was derived from e category of the amount of the income. For
When reporting information about providing the number under which			e child about whom you are reporting by
1 SOURCE OF INCOME	Rent from 1310: Austin		S # 3: Down'd Nescuboltz # 4: Awy Rushing
² RECEIVED BY	FILER	SPOUSE	DEPENDENT CHILD
3 AMOUNT	\$500\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
SOURCE OF INCOME		NAME AN	DADDRESS
3	Div	ndouds	
RECEIVED BY	FILER	SPOUSE	DEPENDENT CHILD
AMOUNT	\$500\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
SOURCE OF INCOME		NAME AND	O ADDRESS
RECEIVED BY	FILER	SPOUSE	DEPENDENT CHILD
AMOUNT	S500\$4,999	\$5,000\$9,999	\$10,000\$24,999 \$25,000OR MORE
COPY A	ND ATTACH ADDI	TIONAL PAGES AS	NECESSARY

PERSONAL NOTES	AND LEASE A	GREEMENT	S	PART 6
NOTAPPLICABLE				
Identify each guarantor of a lo a dependent child had a total fina agreement at any time during the c tion, see FORM PFSINSTRUCTIO	ancial liability <i>of more</i> a alendar year and indica	than \$1,000 in the fo	orm of a personal no	ote or notes or lease
When reporting information about providing the number under which the state of the		Cover Sheet.		you are reporting by
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT			`.	
² LIABILITY OF	☐ FILER	SPOUSE	DEPENDENT C	HILD
3 GUARANTOR				
4 AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	FILER	SPOUSE	☐ DEPENDENT CH	HLD
GUARANTOR				
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	☐ FILER	SPOUSE	DEPENDENT CH	HLD
GUARANTOR				
AMOUNT	\$1,000\$4,999	\$5,000\$9,999	\$10,000\$24,999	\$25,000OR MORE
COPY A	ND ATTACH ADDITI	ONAL PAGES AS	NECESSARY	

INTERESTS IN REAL	PROPERTY PART 7A
NOTAPPLICABLE	
calendar year. If the interest was so	real property held or acquired by you, your spouse, or a dependent child during the ld, also indicate the category of the amount of the net gain or loss realized from the sale. nterest" and other specific directions for completing this section, see FORM PFS
	t a dependent child's activity, indicate the child about whom you are reporting by the child is listed on the Cover Sheet.
1 HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD
STREETADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1310 Sau Autouro Ausgin, TX 78701 Travts County
3 DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED O. 1293 ACRES THUS COUNTY, TX
A NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	Cars Riley
F 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
STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION LOTS ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD NET GAIN NET LOSS	☐ LESS THAN \$5,000 ☐ \$5,000\$9,999 ☐ \$10,000\$24,999 ☐ \$25,000OR MORE
COPY AI	ND ATTACH ADDITIONAL PAGES AS NECESSARY

Texas Ethics Commission

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COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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

IF SOLD

☐ NET GAIN
☐ NET LOSS

GIFTS			PART 8
NOTAPPLICABLE			
describe the gift. The description of a include a statement of the value of the registered as a lobbyist under chapter.	a gift of cash or a ca re gift. Do not includer er 305 of the Gover he recipient within t	ash equivalent, such as de: 1) expenditures req rnment Code; 2) politica	to you, your spouse, or a dependent child, and a negotiable instrument or gift certificate, must uired to be reported by a person required to be al contributions reported as required by law; or onsanguinity or affinity. For more information,
When reporting information about providing the number under which the			he child about whom you are reporting by
1 DONOR		NAME /	AND ADDRESS .
² RECIPIENT	FILER	SPOUSE	DEPENDENT CHILD
3 DESCRIPTION OF GIFT	;		
DONOR	NAME AND ADDRESS		
	. •		
RECIPIENT	FILER	SPOUSE	DEPENDENT CHILD
DESCRIPTION OF GIFT			
DONOR		NAME A	ND ADDRESS
RECIPIENT	FILER	SPOUSE	DEPENDENT CHILD
DESCRIPTION OF GIFT			
COPY A	ND ATTACH ADI	DITIONAL PAGES AS	S NECESSARY

TRUST INCOME PART 9 NOTAPPLICABLE Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received more than \$500 in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME OF TRUST SOURCE BENEFICIARY ☐ FILER SPOUSE DEPENDENT CHILD _____ INCOME ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE ASSETS FROM WHICH **OVER \$500 WAS RECEIVED** UNKNOWN NAME OF TRUST SOURCE **BENEFICIARY** FILER ☐ SPOUSE DEPENDENT CHILD _____ **INCOME** ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE ASSETS FROM WHICH **OVER \$500 WAS RECEIVED** UNKNOWN NAME OF TRUST SOURCE ☐ SPOUSE □ DEPENDENT CHILD ____ ☐ FILER BENEFICIARY INCOME LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE ASSETS FROM WHICH **OVER \$500 WAS RECEIVED** ☐ UNKNOWN COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BLIND TRUSTS			PART 10A
NOTAPPLICABLE			No.
Identify each blind trust that complice	es with section 572.023(c) of the Governme	ent Code. See FORM PFSINSTRUCTION
When reporting information about providing the number under which	t a dependent child's a the child is listed on the (ctivity, indicate the Cover Sheet.	e child about whom you are reporting by
1 NAME OF TRUST			
² TRUSTEE	,	NAME AN	ND ADDRESS
³ BENEFICIARY	FILER	SPOUSE	DEPENDENT CHILD
⁴ FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
5 DATE CREATED			
NAME OF TRUST			
TRUSTEE		NAME AN	ND ADDRESS
BENEFICIARY	FILER	SPOUSE	DEPENDENT CHILD
FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
DATE CREATED			
NAME OF TRUST	, , , ,		
TRUSTEE		NAME AN	ID ADDRESS
BENEFICIARY	☐ FILER	SPOUSE	DEPENDENT CHILD
FAIR MARKET VALUE	LESS THAN \$5,000	\$5,000\$9,999	☐ \$10,000\$24,999 ☐ \$25,000OR MORE
DATE CREATED			
COPY A	ND ATTACH ADDITIO	NAL PAGES AS	S NECESSARY

TRUSTEE STATE	EMENT PART 10B
NOTAPPLICABLE	·
	ed to identify a blind trust on Part 10A of the Personal Financial Statement must submit a stee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government sts are listed below.
1 NAME OF TRUST	
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

P.O. Box 12070

- (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.

Texas Ethics Commission ASSETS OF BUSINESS ASSOCIATIONS PART 11A NOTAPPLICABLE Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE. When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet. NAME AND ADDRESS **BUSINESS** (Check If Filer's Home Address) **ASSOCIATION** ² BUSINESS TYPE 3 HELD, ACQUIRED, FILER ☐ SPOUSE ☐ DEPENDENT CHILD — OR SOLD BY DESCRIPTION CATEGORY **ASSETS** ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE ☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 ☐ \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE LESS THAN \$5,000 \$5,000--\$9,999 \$10,000--\$24,999 \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LIABILITIES OF BUSINESS ASSOCIATIONS

P.O. Box 12070

PART 11B

_	,	
	NOTAPPI	ICABLE

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	ler which the child is listed on the Cover Sheet. NAME AND ADDRESS (Check If Filer's Home Address)			
² BUSINESS TYPE				
³ HELD, ACQUIRED, OR SOLD BY	☐ FILER	SPOUSE	DEPENDENT C	CHILD
4 LIABILITIES	DESC	CRIPTION	CATEG LESS THAN \$5,000 S10,000\$24,999	SORY \$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
		 	LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
		 	LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
			☐ LESS THAN \$5,000	\$5,000\$9,999 \$25,000OR MORE
			LESS THAN \$5,000	\$5,000\$9,999
·			☐ LESS THAN \$5,000	\$5,000\$9,999

FILER

BOARDS AND EXECUTIVE POSITIONS

PART 12

NOTAPPLICABLE				
List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM 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 ORGANIZATION	Cupital Area Metropolitan Planning Organization			
POSITION HELD	Member, Transportation Policy Board			
³ POSITION HELD BY	☐ SPOUSE ☐ DEPENDENT CHILD			
ORGANIZATION	Capital Metro			
POSITION HELD	Member, Bd. of Directors			
POSITION HELD BY	FILER SPOUSE DEPENDENT CHILD			
POSITION HELD BY ORGANIZATION	Coppel Area Correl of Governments			
ORGANIZATION	Coppel Area Coural of Governments			
ORGANIZATION POSITION HELD	Coppel Area Council of Governments Member, Bd. of Directors			
ORGANIZATION POSITION HELD POSITION HELD BY	Coppel Area Coural of Governments Member, Bd. of Directors Dependent Child			
ORGANIZATION POSITION HELD POSITION HELD BY ORGANIZATION	Coppel Area Coural of Governments Member, Bol. of Directors Filer spouse Dependent Child Environmental Sciences Institute - Vaiv. of Texas			
ORGANIZATION POSITION HELD POSITION HELD BY ORGANIZATION POSITION HELD	Copyel Area Council of Governments Member, Bd. of Directors Dependent Child Environmental Sciences Institute - Vaiv. of Tegas Member, Bd. of Directors			

☐ SPOUSE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

POSITION HELD BY

DEPENDENT CHILD _

EXPENSES	ACCEPTED UNDER HONORARIUM EXCEPTION
	ACCEPTED UNDER HUNORARIUM EXCEPTION

PART 13

NOTAPPLICABLE
 NOTAFFLICABLE

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

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

INTEREST IN BUSINI	ESS IN COM	MON WITH LO	DBBYIST	PART 14
NOTAPPLICABLE				:
Identify each corporation, firm, partn sional association, joint venture, or spouse, or a dependent child, and a p an interest. For more information, se	other business asserts on registered as	ociation, other than a p a lobbyist under chapte	publicly-held corporation, i	n which you, your
1 BUSINESS ENTITY		NAME AN	ND ADDRESS	
² INTEREST HELD BY	☐ FILER	☐ SPOUSE	DEPENDENT CHILD	
BUSINESS ENTITY		NAME AN	ND ADDRESS	
INTEREST HELD BY	☐ FILER	SPOUSE	DEPENDENT CHILD	
BUSINESS ENTITY		NAME AN	ID ADDRESS	
INTEREST HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
BUSINESS ENTITY		NAME AN	D ADDRESS	
INTEREST HELD BY	☐ FILER	SPOUSE	DEPENDENT CHILD _	
BUSINESS ENTITY		NAME AN	D ADDRESS	
INTEREST HELD BY	FILER	SPOUSE	DEPENDENT CHILD	
COPY A	ND ATTACH ADD	ITIONAL PAGES AS	NECESSARY	

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

PART 15

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

Texas Ethics Commission

STATE AGENCY	SY LEGISLATO	H BEFURE		PART 16	
NOTAPPLICABLE					
This section applies only to members of the Texas Legislature. Amember of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFSINSTRUCTION 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\$2 4, 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					

Austin, Texas 78711-2070

BENEFITS DERIVED FROM FUNCTIONS HONORING **PUBLIC SERVANT**

PART 17

_			
NO	TAP	PLIC/	ABLE

Texas Ethics Commission

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

Austin, Texas 78711-2070

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	COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY							
COPY AND ATTACH ADDITIONAL PAGES AS NECESSART								

LEGISLATIVE CONTINUANCES NOTAPPLICABLE								
Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.								
NAME OF PARTY REPRESENTED					:			
DATE RETAINED								
3 STYLE, CAUSE NUMBER, COURT & JURISDICTION								
DATE OF CONTINUANCE APPLICATION								
WAS CONTINUANCE GRANTED?	☐ YES	. 🗆	NO					
NAME OF PARTY REPRESENTED								
DATE RETAINED								
STYLE, CAUSE NUMBER, COURT, & JURISDICTION								
DATE OF CONTINUANCE APPLICATION								
WAS CONTINUANCE GRANTED?	YES		NO .					
COPY A	AND ATTACH	ADDITIONAL	- PAGES AS	NECESSAR	Y			

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

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

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



Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CMN Rium, this the 4 day of Minimum, 20 1, to certify which, witness my hand and seal of office.

Signature of officer administering oath

www.ethics.state.tx.us

Print name of officer administering oath

Title of officer administering oath